Exhibit B

UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF FLORIDA
TAMPA DIVISION

UNITED STATES OF AMERICA
ex rel. JOHN BURNS,

8:10-CV-1851-T23
EAJ

Plaintiffs,

v.

Case No.

FILED UNDER SEAL
PURSUANT TO 31 U.S.C.
§3730(B)(2)
DO NOT PLACE IN PRESS BOX
OR ENTER ON PACER
SYSTEM

MEDTRONIC, INC., BOSTON SCIENTIFIC CORPORATION, and ST. JUDE MEDICAL, INC.,

Defendants

_____/

FALSE CLAIMS ACT COMPLAINT AND DEMAND FOR JURY TRIAL

INTRODUCTION

1. John Burns ("Relator") brings this action on behalf of the United States of America against Defendants Medtronic, Inc., Boston Scientific Corporation and St. Jude Medical, Inc., for treble damages and civil penalties for the Defendants' violations of the False Claims Act, 31 U.S.C. §3729 *et seq.*

2. As required by the False Claims Act, 31 U.S.C. §3730(b)(2), Relator has provided previously to the Attorney General of the United States and to the United States Attorney for the Middle District of Florida a statement of all material evidence and information related to the complaint. This disclosure statement is supported by material evidence known to Relator establishing the existence of Defendants' false claims. Because the disclosure statement includes attorney-client communications and work product of Relator's attorneys, and is submitted to the Attorney General and to the United States Attorney in their capacity as potential co-counsel in this litigation, Relator understands this disclosure to be confidential.

JURISDICTION AND VENUE

3. This action arises under the False Claims Act, 31 U.S.C. §3729 *et seq*. This Court has jurisdiction over this case pursuant to 31 U.S.C. §3732(a) and 3730(b), as well as 28 U.S.C. §1345 and §1331.

4. Venue is proper in this district pursuant to 31 U.S.C. §3732(a), because the acts proscribed by 31 U.S.C. §3729 *et seq*. and complained of herein took place in this district, and is also proper pursuant to 28 U.S.C. §1391(b) and (c) because at all relevant times Defendants transacted business in this district.

THE PARTIES

5. John Burns is a sales representative currently employed by Medtronic, Inc. in Manatee County, Florida. He has been a Medtronic sales representative since 2002 and has worked at Medtronic since 2000. Mr. Burns is licensed as a registered nurse in Florida and worked as a registered nurse between 1995 and 2000. He received an associates degree in nursing from St. Petersburg Junior College in 1995.

6. Mr. Burns served in the United States Army between 1988 and 1992 and in the Florida National Guard between 1992 and 1998 before being honorably discharged as a Sergeant. He served as an Emergency Medical Technician at Brooke Army Medical Center, Fort Sam Houston, Texas.

7. Mr. Burns graduated from a 1000-hour course at the Arrhythmic Technologies Institute (ATI) in Greenville, South Carolina in 2000 with a certificate in Cardiac Device Technologies.

8. Mr. Burns has received numerous sales awards and recognition during his career at Medtronic. In 2001, Mr. Burns was twice named the Cardiac Rhythm Management National Representative of the Quarter. In 2005, Mr. Burns was named to the Medtronic Cardiac Rhythm

Management President's Club. As recently as May 2010, Mr. Burns was commended for exceeding his sales goal.

9. Medtronic, Inc., based in Minneapolis, Minnesota, is the world's largest medical technology company and is a Fortune 500 company. Its CRDM division developed the first wearable heart pacemaker in 1957. Medtronic is a member of the Advanced Medical Technology Association and a signatory to the July 2009 AdvaMed Code of Ethics.

10. Boston Scientific Corporation is a medical device manufacturer based in Natick, Massachusetts. Boston Scientific acquired competitor Guidant Corporation in 2006. In March 2010, Boston Scientific reached a $22 million settlement to resolve allegations that Guidant had used post-market studies as vehicles to pay kickbacks to induce physicians to implant Guidant pacemakers and defibrillators. In December 2009, Boston Scientific entered a five-year corporate integrity agreement with the United States Department of Health and Human Services. Boston Scientific Corporation is a member of the Advanced Medical Technology Association and a signatory to the July 2009 AdvaMed Code of Ethics.

11. St. Jude Medical, Inc. is a global medical device company based in Little Canada, Minnesota. St. Jude Medical, Inc. is a member of the Advanced Medical Technology Association and a signatory to the July 2009 AdvaMed Code of Ethics.

12. John Burns is an "original source" within the meaning of 31 U.S.C. § 3730(e)(4)(B), but states that to his knowledge the information contained herein concerning Defendants' False Claims Act violations has not been publicly disclosed.

MEDICARE PROGAM POLICIES

13. The Medicare program will reimburse providers only for services actually performed by those providers.

14. The Medicare program requires participating providers to maintain true and accurate records supporting the legitimacy of claims submitted for reimbursement.

15. As part of their provider agreements with the Medicare program, Defendants are required to certify that they will comply with federal health care laws, including the Anti-Kickback Act, 42 U.S.C. §1320a-7b.

16. The Anti-Kickback Act prohibits offering, paying, soliciting, or receiving any remuneration in return for or to induce the referral of business paid for by the Medicare and Medicaid programs.

17. Compliance with the Anti-Kickback Act is a condition of payment by the Medicare program. *McNutt v. Haleyville Medical Supplies, Inc.*, 423 F.3d 1256, 1259 (11th Cir. 2005).

18. Violating the Anti-Kickback Act disqualifies a provider from receiving payment from the Medicare program for claims for services obtained through illegal remuneration. *McNutt v. Haleyville Medical Supplies, Inc.*, 423 F.3d 1256, 1259 (11th Cir. 2005).

PACEMAKER AND DEFIBRILLATOR RECHECK BACKGROUND

19. Patients with implanted pacemakers and defibrillators to regulate their heart rhythm need their pacemakers and defibrillators rechecked approximately every three months. Procedure codes for these rechecks are divided into a technical component ("TC") and a professional component which contains a –26 modifier. These components can be billed to Medicare separately or they can be combined into a global procedure code.

20. For example, the Medicare reimbursement rates for pacemaker and defibrillator equipment rechecks in 2007 were as follows:

CPT Code	Brief Description	2007 Medicare National Payment Rate
Dual chamber pacemaker, without reprogramming		

93731-TC	Electronic analysis of dual chamber pacemaker system; without reprogramming (technical component)	$21
93731-26	(professional component)	$23
93731 (Global)	(global fee)	$44
Dual chamber pacemaker, with reprogramming		
93732-TC	Electronic analysis of dual chamber pacemaker system; with reprogramming (technical component)	$22
93732-26	(professional component)	$48
93732-(Global)	(global fee)	$70
Single chamber pacemaker, without reprogramming		
93734-TC	Electronic analysis of dual chamber pacemaker system; with reprogramming (technical component)	$16
93734-26	(professional component)	$19
93734 (Global)	(global fee)	$35
Single chamber pacemaker, with reprogramming		
93735-TC	Electronic analysis of dual chamber pacemaker system; with reprogramming (technical component)	$19
93735-26	(professional component)	$38
93735 (Global)	(global fee)	$57
Dual chamber pacemaker transtelephonic monitoring (TTM)		
93733-TC	Electronic analysis of dual chamber pacemaker system; with reprogramming (technical component)	$31
93733-26	(professional component)	$9
93733 (Global)	(global fee)	$40
Single chamber pacemaker transtelephonic monitoring (TTM)		
93736-TC	Electronic analysis of dual chamber pacemaker system; with reprogramming (technical component)	$28
93736-26	(professional component)	$8
93736 (Global)	(global fee)	$36
Single chamber ICD without programming		
93741-TC	Electronic analysis of dual chamber pacemaker system; with reprogramming (technical component)	$26
93741-26	(professional component)	$41

93741 (Global)	(global fee)	$67
Single chamber ICD with programming		
93742-TC	Electronic analysis of dual chamber pacemaker system; with reprogramming (technical component)	$27
93742-26	(professional component)	$47
93742 (Global)	(global fee)	$74
Dual chamber ICD without programming		
93743-TC	Electronic analysis of dual chamber pacemaker system; with reprogramming (technical component)	$28
93743-26	(professional component)	$53
93743 (Global)	(global fee)	$81
Dual chamber ICD with programming		
93744-TC	Electronic analysis of dual chamber pacemaker system; with reprogramming (technical component)	$27
93744-26	(professional component)	$61
93744 (Global)	(global fee)	$88

21. Medtronic's 2007 Cardiac Rhythm Device Management Select Physician Procedure Scenario document clearly warns that "[t]he patient or payer should not be billed for services rendered solely by a manufacturer's representative." **Exhibit 1.**

22. Medtronic's CRDM Field Technical Support Policy dated October 7, 2008 instructs that "field personnel should not fill out 'superbills' or any other clinic paperwork that contains reimbursement information." **Exhibit 2.**

23. On November 5, 2009, John Burns sent an email to John Rader of Medtronic's CRDM Economic Strategies and Solutions asking "if MDT/industry personnel are doing clinic then -26 just needs to be added correct?" **Exhibit 3.** Rader told John Burns "Yes".

24. The July 2009 AdvaMed Code of Ethics instructs that "a Company should not provide free services that eliminate an overhead or other expense that a Health Care Professional

would otherwise of business prudence or necessity have incurred as part of its business operations if doing so would amount to an unlawful inducement." **Exhibit 4.**

COUNT I: CAUSING PHYSICIANS TO PRESENT FALSE CLAIMS IN VIOLATION OF 31 U.S.C. § 3729(A)(1)
(ALL DEFENDANTS)

25. Relator realleges and incorporates by reference paragraphs 1 through 24.

26. Defendants caused physicians to submit false and fraudulent claims to Medicare for the technical component of pacemaker and defibrillator equipment checks which the physicians did not perform.

27. Since he started working at Medtronic in 2000, Mr. Burns has performed rechecks of Medtronic pacemakers and defibrillators for the patients of physician clients. Prior to 2009, this work was billed to the Medicare program as the technical component ("TC") of such procedure codes as 93731-TC; 93732-TC; 93734-TC; 93735-TC; 93733-TC; 93736-TC; 93741-TC; 93742-TC; 93742-TC; 93743-TC, and 93744-TC. In 2009 and thereafter, this work was billed to the Medicare program as 93288-TC; 93279-TC; 93280-TC, and 93281-TC.

28. Rather than billing the Medicare program for the hundreds of pacemaker and defibrillator equipment rechecks performed by its sales representatives each year, Medtronic has routinely allowed cardiologists who implant Medtronic pacemakers and defibrillators to have those devices rechecked for free and has routinely enabled those cardiologists to fraudulently bill Medicare under global procedure codes so that they could be paid by Medicare for performing technical component work which they had not done. Medtronic representatives did so (1) by performing technical component recheck work using Medtronic's own equipment without billing Medicare; and (2) by completing superbills falsely indicating that cardiologists that performed global procedure codes for technical component work they had not done, while knowing from cardiologists' superbills that cardiologists were billing only global procedure codes.

29. Cardiologists in Manatee County, Florida who routinely billed Medicare for pacemaker and defibrillator equipment rechecks done by John Burns include:

Bradenton Heart Center[1]
2010 59th Street West
Suite 4200
Bradenton, Florida 34209
(941) 794-3999

Dr. Raj T. Rajan[2]
Dr. Asad Sawur[3]
Dr. Niranjan Seshadri[4]
Dr. Jagan Akella[5]
Dr. Christopher Davis[6]
Austin Eversile, ARNP

Dr. Lawrence C. Hasara[7]
2225 59th Street West
Suite D
Bradenton, Florida 34209
(941) 761-8955

Lakewood Ranch Cardiovascular Center[8]
6310 Health Park Way
Suite 230
Bradenton, Florida 34202

Dr. Eric E. Calderon
Dr. Jason Okuhara

Pinnacle Cardiovascular Consultants
315 75th Street West
Bradenton, Florida 34209
(941) 795-3606

Advanced Cardiology[9]
4900 Manatee Avenue West
Suite 201
Bradenton, Florida 34209

Dr. John Lourie

[1] See redacted Bradenton Heart Center superbills attached as **Exhibit 5**, including for Medicaid patient MS on 2/18/09 and patient SS on 1/12/10.
[2] Dr. Rajan founded Bradenton Heart Center. John Burns had conversations with Dr. Rajan about training an office employee so Bradenton Heart Center could bill globally for equipment rechecks. In approximately 2007 or 2008, Mr. Burns talked to Dr. Rajan and told Dr. Rajan he should not be billing for the technical component of pacemaker rechecks. The day after this conversation, Dr. Rajan's secretary called Mr. Burns to tell Burns that Dr. Rajan no longer needed Burns to do equipment rechecks for Dr. Rajan's patients with Medtronic devices.
[3] Dr. Sawur has moved to Tampa.
[4] Dr. Seshadri has moved to Heart Care in Lakewood Ranch.
[5] Dr. Akella now has his own practice in Bradenton. Dr. Akella's superbills list only global codes for representatives to check and do not list the –26 professional component modifier as a billing option.
[6] Dr. Davis currently works at Bradenton Heart Center.
[7] See redacted Dr. Hasara superbills attached as **Exhibit 6** for Medicare patient VZ on 3/10/10 and Medicare patient MM on 5/27/09.
[8] See redacted Lakewood Ranch Cardiovascular Center superbill attached as **Exhibit 7** for Medicare/Medicaid patient MO on 9/16/09.
[9] See redacted Advanced Cardiology superbills attached as **Exhibit 8** for Medicare patient MC on 11/4/09, for Medicare patient VC on 7/28/10, for Medicare patient CC on 6/16/10, for Medicare patient LB on 12/3/08, and for Medicare patient JL on 1/28/09.

Aldrich Cardiovascular Institute 7978 Cooper Creek Blvd. Suite 105 Bradenton, Florida 34201 (941) 359-8900	Dr. Martin Aldrich
Heart and Vascular Center[10] 2101 61st Street West Bradenton, Florida 34209	Dr. Joseph Pace

30. Medtronics has been doing free pacemaker rechecks and enabling cardiologists to fraudulently bill Medicare for that work for at least the past ten years John Burns has worked for Medtronics. The conduct Mr. Burns has observed in Manatee County he also observed in Naples, Florida in 2001-2002 and in North Carolina in 2000-2001.

31. John Burns knows that Medtronic's competitors St. Jude and Boston Scientific also performed pacemaker and defibrillator equipment rechecks and enabled cardiologists to fraudulently bill Medicare for that work. Jim Motzenbecker, a former St. Jude employee who worked in the Venice-North Port area, told Mr. Burns that St. Jude engaged in the same conduct as Medtronic. Gordon Ware and Mike Miller also have told Mr. Burns that St. Jude is still currently engaging in the same conduct as Medtronic.

32. Steve Zinn and Rich Merrill have told Mr. Burns that Boston Scientific is still currently engaging in the same conduct as Medtronic. Mr. Burns also obtained **Exhibit 10** from Dr. Joseph Pace's Heart and Vascular Center in Bradenton which was left by a Boston Scientific sales representative. This form shows that Boston Scientific was encouraging cardiologists to bill only global CPT codes which include technical component (TC) work done by Boston Scientific.

33. Moreover, John Burns has seen numerous superbills completed by Boston Scientific and St. Jude representatives for equipment rechecks on which those representatives

[10] See redacted Heart and Vascular Center superbills attached as **Exhibit 9** for Medicare patient CC on 7/27/10, for Medicare patient MW on 7/27/10, for Medicare patient ET on 7/27/10 and for Medicare patient JS on 7/14/10.

checked global codes which falsely indicated that the cardiologist had performed the technical component work.

COUNT II: CAUSING PHYSICIANS TO PRESENT FALSE CLAIMS IN VIOLATION OF 31 U.S.C. §3729(A)(1)
(ALL DEFENDANTS)

34. Relator realleges and incorporates by reference paragraphs 1 through 24.

35. Defendants caused cardiologists to submit false and fraudulent claims to Medicare for the technical component of pacemaker and defibrillator equipment rechecks which Defendants performed in violation of the Anti-Kickback Act in return for those physicians selecting those companies as suppliers of pacemakers and defibrillators.

36. John Burns, his Medtronic colleagues, and his former Medtronic colleagues who moved to Boston Scientific and St. Jude all understood that they were performing pacemaker and defibrillator equipment rechecks for cardiologists without billing Medicare for that work in order to ensure that those cardiologists continued to implant their company's pacemakers and defibrillators.

37. Jim Motzenbecker told Mr. Burns that St. Jude did the same things for the same reason. The amount of unbilled pacemaker and defibrillator equipment recheck work performed by Medtronic, Boston Scientific and St. Jude is substantial. Mr. Burns personally performed between 10 and 30 pacemaker and defibrillator equipment rechecks per week. The economic reason to do all this unbilled work for free and to enable the referring cardiologists to bill Medicare and get paid for work they never did was to provide a means of disguised remuneration to cardiologists in order to induce continued future implantations of their company's pacemakers and defibrillators by the benefited cardiologist.

38. Mr. Burns knows of one cardiologist, Dr. Joseph Pace, who used both Medtronic and Boston Scientific for free pacemaker equipment rechecks which he billed to Medicare. All

the Defendants use their willingness to provide disguised remuneration in the form of pacemaker and defibrillator equipment rechecks which referring physicians can bill to Medicare as a means of retaining and/or expanding their market share for implanted pacemakers and defibrillators.

COUNT III: CAUSING PHYSICIANS TO PRESENT FALSE CLAIMS IN VIOLATION OF 31 U.S.C. § 3729(A)(1)
(ALL DEFENDANTS)

39. Relator realleges and incorporates by reference paragraphs 1 through 24.

40. Defendants caused physicians to submit false and fraudulent claims to Medicare for the technical component of pacemaker and defibrillator equipment rechecks by completing billing forms for cardiologists which enabled those physicians to bill Medicare despite the fact that Defendants knew the physician supervision requirements necessary for those claims had not been met.

41. As the January 23, 2007 letter attached as **Exhibit 11** from CMS Deputy Director Terrence Key to Dr. Dwight Reynolds, President of the Heart Rhythm Society, states, the technical components for the 93731, 93734, 93741, 93742, 93743, 93744 and 93745 procedure codes require direct supervision by a physician. Direct supervision requires that a physician be physically present in the building when those procedures are performed.

42. Many cardiologists billed Medicare for these technical components when they were not in fact on the premises and able to provide the required direct supervision.

43. John Burns knows that these practices bill for technical components of pacemaker and defibrillator equipment rechecks always or often done without direct supervision:

Bradenton Heart Center
2010 59th Street West
Suite 4200
Bradenton, Florida 34209
(941) 794-3999

Dr. Raj T. Rajan

Lakewood Ranch Cardiovascular Center 6310 Health Park Way Suite 230 Bradenton, Florida 34202	Dr. Eric E. Calderon
Healthcare America[11] 3501 Cortez Road West Bradenton, Florida 34202	Dr. Enrique Rivera

COUNT IV: CAUSING PHYSICIANS TO PRESENT FALSE CLAIMS IN VIOLATION OF 31 U.S.C. § 3729(A)(1)
(BOSTON SCIENTIFIC AND ST. JUDE DEFENDANTS)

44. Relator realleges and incorporates by reference paragraphs 1 through 24.

45. Defendants Boston Scientific and St. Jude cause physicians to submit false and fraudulent claims to Medicare by inducing physicians to purchase pacemaker equipment from those companies by providing free training courses for non-invasive cardiologists in Mexico and Europe.

46. John Burns knows that both Boston Scientific and St. Jude have provided free training courses in exotic locations such as Mexico (St. Jude and Boston Scientific) and Europe (St. Jude). These courses were designed to enable non-invasive cardiologists to learn how to implant pacemakers. These courses were held in exotic locations so that the attending cardiologists could get training unavailable in the United States to permit them to obtain hospital privileges to implant defibrillators.

WHEREFORE, Relator respectfully requests this Court enter judgment against Defendants and order:

(a) That the United States be awarded damages in the amount of three times the damages sustained by the United States because of the false and fraudulent claims alleged within this Complaint, as the False Claims Act, 31 U.S.C. §3729, provides;

[11] See redacted Healthcare America superbill attached as **Exhibit 12** for Medicare patient DM on 10/22/09.

(b) That civil penalties of $11,000 be imposed for each and every false and fraudulent claim that Defendants presented to the United States;

(c) That pre and post-judgment interest be awarded, along with reasonable attorneys' fees, costs and expenses which Relator necessarily incurred in bringing and pressing this case;

(d) That the Court grant permanent injunctive relief to prevent any recurrence of the False Claims Act violations for which redress is sought in this Complaint;

(e) That the Relator be awarded the maximum amount allowed pursuant to the False Claims Act; and

(f) That the Court award such other and further relief as it deems proper.

DEMAND FOR JURY TRIAL

Relator, on behalf of himself and the United States, demands a jury trial on all claims alleged herein.

Respectfully submitted,

Barry A. Cohen
bcohen@tampalawfirm.com
Florida Bar No. 096478
Kevin J. Darken
Florida Bar No. 0090956
kdarken@tampalawfirm.com
COHEN, FOSTER & ROMINE, P.A.
201 East Kennedy Boulevard, Suite 1000
Tampa, Florida 33602
Telephone: (813) 225-1655
Facsimile: (813) 225-1921
Attorneys for *Qui Tam* Relator

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing *False Claims Act Complaint and Demand for Jury Trial* has been furnished by hand delivery to: **A. Brian Albritton,** United States Attorney, United States Attorney's Office, 400 N. Tampa Street, Ste 3200, Tampa, FL 33602 and **Civil Process Clerk**, 400 North Tampa Street, Suite 3200, Tampa, Florida 33602; and by Federal Express to **Eric Holder**, United States Attorney General, Dept. of Justice, 950 Pennsylvania Ave., N.W., Washington, D.C. 20530-001 on this 18th day of August 2010.

Barry A. Cohen
Florida Bar No. 096478
bcohen@tampalawfirm.co
Kevin J. Darken
Florida Bar No. 0090956
kdarken@tampalawfirm.com
Cohen, Foster & Romine, P.A.
201 E. Kennedy Boulevard, Suite 1000
Tampa, FL 33602
Telephone: (813) 225-1655
Facsimile: (813) 225-1921
Attorneys for Relator John Burns

Medtronic

CARDIAC RHYTHM DISEASE MANAGEMENT: SELECT PHYSICIAN PROCEDURE SCENARIOS

2007 Medicare National Physician Payment Rates

These coding suggestions and coverage guidelines do not replace seeking coding advice from the payer and/or your coding staff. The ultimate responsibility for correct coding lies with the provider of services. Please contact your local payer for interpretation of the appropriate codes to use for specific procedures. Medtronic makes no guarantee that the use of this information will prevent differences of opinion or disputes with Medicare or other third party payers as to the correct form of billing or the amount that will be paid to providers of service.

DEVICE IMPLANT, UPGRADE, AND REPLACEMENT SCENARIOS

CPT® Code	Brief Description	2007 Medicare National Payment Rate[2]
Single chamber pacemaker implant; atrial lead		
33206	Insert single chamber pacemaker (generator and leads)	$445
71090-26	Fluoroscopy	$28
	Payment Total	**$473**
Single chamber pacemaker implant; ventricular lead		
33207	Insert single chamber pacemaker (generator and leads)	$518
71090-26	Fluoroscopy	$28
	Payment Total	**$546**
Dual chamber pacemaker implant		
33208	Insert dual chamber pacemaker (generator and leads)	$485
71090-26	Fluoroscopy	$28
	Payment Total	**$513**
Dual chamber pacemaker generator replacement		
33213	Insert dual chamber pacemaker generator	$380
33233-51	Removal of pacemaker generator (Paid at 50%)	$123
	Payment Total	**$503**
CRT-P implant		
33208	Insert dual chamber pacemaker (generator and leads)	$485
+33225	Insert LV lead	$436
71090-26	Fluoroscopy	$28
	Payment Total	**$949**
Upgrade dual chamber pacemaker to CRT-P		
33213	Insert dual chamber pacemaker generator	$380
+33225	Insert LV lead	$436
33233-51	Removal of pacemaker generator (Paid at 50%)	$123
71090-26	Fluoroscopy	$28
	Payment Total	**$967**

CPT Code	Brief Description	2007 Medicare National Payment Rate
Upgrade dual chamber pacemaker to CRT-D		
+33225	Insert LV lead	$436
33233-51	Removal of pacemaker generator (Paid at 50%)	$123
33240	Insert dual chamber ICD generator	$456
71090-26	Fluoroscopy	$28
	Payment Total	**$1,043**
Insert epicardial lead and CRT-P system		
33203	Insertion of epicardial electrode(s); endoscopic approach	$766
33208-51	Insert dual chamber pacemaker (generator and leads) (Paid at 50%)	$243
+33225	Insert LV lead	$436
71090-26	Fluoroscopy	$28
	Payment Total	**$1,473**
ICD generator implant		
33249	Implant single or dual chamber ICD defibrillator (generator and leads)	$878
71090-26	Fluoroscopy	$28
93641-26	Test generator/leads at implant	$313
	Payment Total	**$1,219**
ICD generator replacement		
33240	Insert single or dual chamber ICD generator	$456
33241-51	Removal of single or dual chamber ICD generator (Paid at 50%)	$115
93641-26	Test generator/leads at implant	$313
	Payment Total	**$884**
CRT-D implant		
+33225	Insert LV lead	$436
33249	Implant single or dual chamber ICD defibrillator (generator and leads)	$878
71090-26	Fluoroscopy	$28
93641-26	Test generator/leads at implant	$313
	Payment Total	**$1,655**

EXHIBIT 1

DEVICE IMPLANT, UPGRADE, AND REPLACEMENT SCENARIOS (continued)

CPT® Code	Brief Description	2007 Medicare National Payment Rate[2]
Upgrade dual chamber ICD to CRT-D		
+33225	Insert LV lead	$436
33240	Insert single or dual chamber ICD generator	$456
33241-51	Removal of single or dual chamber ICD generator (Paid at 50%)	$115
71090-26	Fluoroscopy	$28
93641-26	Test generator/leads at implant	$313
	Payment Total	**$1,348**
Implant patient-activated cardiac event recorder		
33282	Implant patient-activated cardiac event recorder	$324

CPT Code	Brief Description	2007 Medicare National Payment Rate
Insert epicardial lead and CRT-D system		
33203-51	Insertion of epicardial electrode(s); endoscopic approach (Paid at 50%)	$383
+33225	Insert LV lead	$436
33249	Implant single or dual chamber ICD defibrillator (generator and leads)	$878
71090-26	Fluoroscopy	$28
93641-26	Test generator/leads at implant	$313
	Payment Total	**$2,038**
Remote patient-activated cardiac event recorder		
33284	Remove patient-activated cardiac event recorder	$241

DEVICE FOLLOW-UP

CPT Code	Brief Description	2007 Medicare National Payment Rate
Dual chamber pacemaker, without reprogramming		
93731-TC	Electronic analysis of dual chamber pacemaker system; without reprogramming (technical component)	$21
93731-26	(professional component)	$23
93731 (Global)	(global fee)	$44
Dual chamber pacemaker, with reprogramming		
93732-TC	Electronic analysis of dual chamber pacemaker system; with reprogramming (technical component)	$22
93732-26	(professional component)	$48
93732 (Global)	(global fee)	$70
Single chamber pacemaker, without reprogramming		
93734-TC	Electronic analysis of single chamber pacemaker system; without reprogramming (technical component)	$16
93734-26	(professional component)	$19
93734 (Global)	(global fee)	$35
Single chamber pacemaker, with reprogramming		
93735-TC	Electronic analysis of single chamber pacemaker system; with reprogramming (technical component)	$19
93735-26	(professional component)	$38
93735 (Global)	(global fee)	$57
Dual chamber pacemaker transtelephonic monitoring (TTM)		
93733-TC	Electronic analysis of dual chamber pacemaker system; with reprogramming (technical component)	$31
93733-26	(professional component)	$9
93733 (Global)	(global fee)	$40
Single chamber pacemaker transtelephonic monitoring (TTM)		
93736-TC	Electronic analysis of single chamber pacemaker system; with reprogramming (technical component)	$28
93736-26	(professional component)	$8
93736 (Global)	(global fee)	$36

CPT Code	Brief Description	2007 Medicare National Payment Rate
Electronic analysis of insertable loop recorder		
93727	Electronic analysis of insertable loop recorder (ILR) system	$30
Single chamber ICD, without reprogramming		
93741-TC	Electronic analysis of pacing cardioverter-defibrillator, single chamber or wearable ICD system; without reprogramming (technical component)	$26
93741-26	(professional component)	$41
93741 (Global)	(global fee)	$67
Single chamber ICD, with reprogramming		
93742-TC	Electronic analysis of pacing cardioverter-defibrillator, single chamber ICD system; with reprogramming (technical component)	$27
93742-26	(professional component)	$47
93742 (Global)	(global fee)	$74
Dual chamber ICD, without reprogramming		
93743-TC	Electronic analysis of pacing cardioverter-defibrillator, dual chamber ICD system; without reprogramming (technical component)	$28
93743-26	(professional component)	$53
93743 (Global)	(global fee)	$81
Dual chamber ICD, with reprogramming		
93744-TC	Electronic analysis of pacing cardioverter-defibrillator, dual chamber ICD system; with reprogramming (technical component)	$27
93744-26	(professional component)	$61
93744 (Global)	(global fee)	$88

Biventricular Pacemaker and Defibrillator Electronic Analysis Codes:
Currently, there are no codes specific to analysis and reprogramming of a biventricular device. If a patient has a right and left ventricular lead, single chamber follow-up codes should be considered. If a patient has atrial and ventricular leads, dual chamber follow-up should be considered. Check with your Medicare contractor or other payer for appropriate coding.

Note:
The patient or payer should not be billed for services rendered solely by a manufacturer's representative.[1] Additional restrictions may apply; contact your local contractor/payer for interpretation of applicable policies.

[1] Hayes J, Juknavorian R, Maloney JD; NASPE. North American Society of Pacing and Electrophysiology. The role(s) of the industry employed allied professional. *Pacing Clin*

ECHOCARDIOGRAPHY PROCEDURES

CPT® Code	Brief Description	2007 Medicare National Payment Rate[2]
Echocardiography complete		
93307-TC	Echocardiography, transthoracic, real time with image documentation (2D) with or without M-mode recording; complete (technical component)	$150
93307-26	(professional component)	$47
93307 (Global)	(global fee)	$197
Doppler echocardiography complete		
+93320-TC	Doppler Echocardiography, pulsed wave and/or continuous wave with spectral display; complete (technical component)	$67
+93320-26	(professional component)	$20
+93320 (Global)	(global fee)	$87
Doppler color flow		
+93325-TC	Doppler Echocardiography, color flow velocity mapping (technical component)	$96
+93325-26	(professional component)	$4
+93325 (Global)	(global fee)	$100

CPT Code	Brief Description	2007 Medicare National Payment Rate
Echocardiography follow-up or limited study		
93308-TC	Echocardiography, transthoracic, real time with image documentation (2D) with or without M-mode recording; follow-up or limited study (technical component)	$82
93308-26	(professional component)	$28
93308 (Global)	(global fee)	$110
Doppler echocardiography follow-up or limited study		
+93321-TC	Doppler Echocardiography, pulsed wave and/or continuous wave with spectral display; follow-up or limited study (technical component)	$40
+93321-26	(professional component)	$8
+93321 (Global)	(global fee)	$48

ELECTROPHYSIOLOGY PROCEDURES

CPT Code	Brief Description	2007 Medicare National Payment Rate
Comprehensive EP evaluations		
93619-26	Comprehensive EP eval with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, including insert/reposition of multiple electrode catheters, without induction or attempted induction of arrhythmia	$396
93620-26	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording	$623
+93621-26	Comprehensive EP eval including insertion/ reposition of multiple electrode catheters with induction or attempted induction of arrhythmia; with left atrial pacing and recording from coronary sinus or left atrium	$111
+93622-26	Comprehensive EP eval including insertion/ reposition of multiple electrode catheters with induction or attempted induction of arrhythmia; with left ventricular pacing and recording	$164

CPT Code	Brief Description	2007 Medicare National Payment Rate
Recording and mapping		
93600-26	Bundle of His recording	$113
93602-26	Intra-atrial recording	$113
93603-26	Right ventricular recording	$113
+93609-26	Intraventricular and/or intra-atrial mapping of tachycardia site(s) with catheter manipulation to record from multiple sites to identify origin of tachycardia	$265
93610-26	Intra-atrial pacing	$160
93612-26	Intraventricular pacing	$160
+93613	Intracardiac electrophysiologic 3-D mapping	$372
93615-26	Esophageal recording of atrial electrogram with or without ventricular electrogram(s)	$47
93616-26	Esophageal recording of atrial electrogram with or without ventricular electrogram(s); with pacing	$70
93618-26	Induction of arrhythmia by electrical pacing	$226
+93623	Programmed stimulation and pacing after IV drug infusion	$151
93624-TC	EP follow-up study with pacing and recording to test effectiveness of therapy, including induction of arrhythmia (technical component)	$80
93624-26	(professional component)	$264
93624 (Global)	(global fee)	$344
93631-26	Intra-operative epicardial and endocardial pacing and mapping to localize the site of tachycardia	$401
93660-TC	Evaluation of cardiovascular function with tilt table evaluation (technical component)	$68
93660-26	(professional component)	$97
93660 (Global)	(global fee)	$165
+93662-26	Intracardiac echocardiography during	$145

ICD DEVICE TESTING

CPT® Code	Brief Description	2007 Medicare National Payment Rate[2]
ICD follow-up testing		
93642-TC	EP evaluation of single or dual chamber ICD (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters) (technical component)	$265
93642-26	(professional component)	$260
93642 (Global)	(global fee)	$525

CPT Code	Brief Description	2007 Medicare National Payment Rate
Intra-operative device testing		
93640-26	EP evaluation of single or dual chamber ICD leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement (professional component)	$186
93641-26	EP evaluation of single or dual chamber ICD leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual chamber ICD pulse generator (professional component)	$313

CATHETER ABLATIONS AND CARDIOVERSIONS

CPT Code	Brief Description	2007 Medicare National Payment Rate
Catheter ablations		
93650	Intracardiac catheter ablation of AV node function with or without temporary pacemaker placement	$568
93651	Intracardiac catheter ablation of arrhythmogenic focus; for treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathways, accessory atrioventricular connections or other atrial foci, singly or in combinations	$860
93652	Intracardiac catheter ablation of arrhythmogenic focus; for treatment of ventricular tachycardia	$935

CPT Code	Brief Description	2007 Medicare National Payment Rate
Cardioversions		
92960	Cardioversion, elective, electrical conversion of arrhythmia; external (Facility Rate)	$127
92961	Cardioversion, elective, electrical conversion of arrhythmia; internal (separate procedure)	$250

References

[1] *Current Procedural Terminology (CPT®)* is copyright 2006 American Medical Association. All Rights Reserved. No fee schedules, basic units, relative values, or related listings are included in CPT. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply to government use.

Codes indicated with a + symbol in front of them are "add-on" codes. These procedures are always performed in addition to the primary procedure, and are never reported as stand-alone codes. Modifier -26 entails the professional component of procedures that are a combination of a professional and a technical component. Modifier -51 represents a multiple procedure other than evaluation and management services performed at the same session by the same provider.

[2] 2007 Medicare national payment rates per Federal Register, Vol 71, No. 231, published 12-1-06 and CMS Transmittal 258, December 22, 2006. Rates effective 1-1-07 through 12-31-07.

World Headquarters
Medtronic, Inc.
710 Medtronic Parkway
Minneapolis, MN 55432-5604
USA
Tel: (763) 514-4000
Fax: (763) 514-4879
www.medtronic.com

Medtronic USA, Inc.
Toll-free: 1 (800) 328-2518
(24-hour technical support for physicians and medical professionals)

Europe
Medtronic International Trading Sàrl
Route du Molliau 31
CH-1131 Tolochenaz
Switzerland
Tel: (41 21) 802 7000
Fax: (41 21) 802 7900
www.medtronic.com

Canada
Medtronic of Canada Ltd.
6733 Kitimat Road
Mississauga, Ontario L5N 1W3
Canada
Tel: (905) 826-6020
Fax: (905) 826-6620
Toll-free: 1 (800) 268-5346

Asia Pacific
Medtronic International, Ltd.
16/F Manulife Plaza
The Lee Gardens, 33 Hysan Avenue
Causeway Bay
Hong Kong
Tel: (852) 2891 4456
Fax: (852) 2891 6830
enquiryap@medtronic.com
www.medtronic.com

Latin America
Medtronic USA, Inc.
Doral Corporate Center II
3750 NW 87th Avenue Suite 700
Miami, FL 33178
USA
Tel: (305) 500-9328
Fax: (786) 709-4244
www.medtronic.com

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Medtronic

7 October 2008

MEDTRONIC CRDM FIELD TECHNICAL SUPPORT POLICY

BACKGROUND

Medtronic products use highly complex technologies to maximize therapeutic device benefits and allow for on-going monitoring of patients. These sophisticated devices contain numerous features that are programmed uniquely to benefit individual patients. Medtronic personnel in the field sales organization ("Field Personnel") are highly trained on the operation and safe and effective use of these devices. They play an important role in patient care by providing product-related technical support and education to physicians and other health professionals for the benefit of patients.

This policy is effective on October 7, 2008 and is intended to provide Field Personnel with guidance on the appropriate types of technical support and education they may provide. This policy supersedes both the Sales Operating Policy and Procedure ("SOPP") effective June 18, 2007 and the Q&A on the SOPP dated July 27, 2007.

POLICY

1. General Scope of Duties. Field Personnel Should

- Provide technical support under the direction and supervision of a physician to enhance patient care and contribute to the safe and effective use of Medtronic devices;
- Know and follow applicable hospital and physician practice group policies and procedures when providing technical support;
- Provide technical support that involves programming of medical devices only under a written order of a physician familiar with implantable devices (or a verbal order that is followed by a written order placed in the patient's chart);
- Sign or initial the forms/strips before placing them into the patient's chart or record and otherwise make clear that Medtronic Field Personnel have provided the technical support or filled out the form(s)
- Offer, where appropriate, healthcare providers appropriate training on the interrogation and programming of Medtronic implantable devices; and
- Inform patients that they are employees of Medtronic.

2. Reimbursement. Field Personnel Should

- Provide only Medtronic-approved reimbursement educational materials to healthcare providers related to the appropriate coding and billing for implantable device follow-ups;
- Not fill out "superbills" or any other clinic paperwork that contains reimbursement information; and
- Direct health care providers with additional questions about coding and billing for CRDM-related procedures and products to the reimbursement hot line (866-877-4102 press 1 or local 952-345-6400).

3. Patient Data. Field Personnel

- Should adhere to regulations pertaining to patient privacy, as well as clinic and hospital policies with respect to access and handling of patient data;
- Should use care in handling, transporting and securing patient data in any form, and promptly report theft or loss of patient data stored on Medtronic electronic equipment (e.g. laptops, Programmers, PDAs, etc.) to the Field Services Call Center (763-514-9920); and
- May, at the request of the healthcare provider, enter information related to the patient's device into EMR, PaceArt System or CareLink Network. Field Personnel may also, upon request of the health care provider, record their technical observations regarding the device check and device performance on appropriate forms and assist in enrolling patients in CareLink.

EXHIBIT 2

7 October 2008

4. **Field Personnel Should Not**

- Provide technical support for device follow ups when they know a physician is not present in the office suite. However, Field Personnel may provide such support in less frequent situations when, in their judgment, it is in the patients' best interests to do so. Field Personnel should seek guidance from their local management or CRDM's Compliance and Ethics Officer in those situations when they are asked to provide technical support for device follow ups when they know a physician, on a regular and recurrent basis, is not present in the office suite when technical support by Field Personnel is being provided;
- Perform administrative duties typically expected to be performed by physician office staff, such as scheduling patient appointments or pulling patient records; however it is acceptable to call patients back from the waiting room;
- Practice medicine, such as diagnosing or treating illnesses, or taking patient vitals or health histories, even if otherwise licensed to do so;
- Hold themselves out to be health care professionals in the scope of their duties for Medtronic;
- Turn-off high power detection or therapies unless a licensed medical professional is present when the therapy is turned off and a physician has issued a written order that the therapy be turned off (or a verbal order that is followed by a written order placed in the patient's chart); or
- Turn-off low power therapies or program to unusually low settings in patients who are dependent on the pacemaker to sustain life, whether or not authorized by a physician.

5. **Non-Medtronic Devices. Field Personnel Should Not**

Provide technical support in connection with device checks of other manufacturers' devices. However, when requested to do so by a physician, Field Personnel may provide such support in less frequent situations, when in their judgment, it is in the best interest of the patient to do so. No Field Personnel should provide technical support in connection with interrogating or reprogramming another manufacturer's device unless he or she feels comfortable doing so. Field Personnel should reprogram another manufacturer's device infrequently and only under the direction and supervision of a physician.

6. **Technical Support Outside the Clinical Setting. Field Personnel May**

Provide technical support outside the clinical setting, including in a patient's home, a nursing home or a hospice setting, provided a licensed medical professional is present for the technical support, a physician has issued a written order for the technical support or a verbal order that is followed by a written order that is placed in the patient's chart, and the Field Personnel feels comfortable in doing so.

QUESTIONS ABOUT THE POLICY

Questions or concerns about this policy generally should be raised locally since, in most cases, your manager is the best place to go for an accurate and prompt response. If your manager is unable to respond to your concern, you are uncomfortable going to your manager, or local resolution does not make sense because of the issue or people involved, you should contact the National Service Director (763-526-0874) or the CRDM Office of Ethics and Compliance (763-526-1253).

Conversations to talk through questions are usually best, but there may be some times when you are uncomfortable talking to someone in person and wish to remain anonymous. You can anonymously raise any concern through the Medtronic Voice Your Concern line at 1-800-488-3125 or https://www.voiceyourconcernline.com.

Burns, John [Pacing Sal]

From: Burns, John [Pacing Sal]
Sent: Thursday, November 05, 2009 9:39 AM
To: Rader, John
Subject: RE: coding

if MDT/industry personel are doing clinic then -26 just needs to be added correct?

From: Rader, John
Sent: Thursday, November 05, 2009 5:47 AM
To: Burns, John [Pacing Sal]
Subject: RE: coding

HI John, here is the physician services lab sheet for the customers review. Pacers are on the front and ICDs on the back.. I do not see 93296 which is the technical code for CareLink for either pacers/ICDs, need to add that. Are they doing OptiVol? Do not see the codes for that. Check out the lab sheet, it is a great guide for customers.

John Rader
Medtronic, Inc.
Economic Solutions and Strategy
407-791-4369

From: Burns, John [Pacing Sal]
Sent: Wednesday, November 04, 2009 5:28 PM
To: Rader, John
Subject: coding

Hey would this be a sufficent coding sheet for a office?

Pacemakers

93288- pm device eval in person
93279-pm device program eval, single
93280- pm device program eval, dual
93281-pm device program multiple lead
93294-pm device interrigate remote

ICD's

93289- ICD device interrogation
93282- ICD device program eval, single
93283-ICD device program rval, dual
93284-ICD device program eval, multiple lead
93295-ICD device interrogate remote

EXHIBIT 3

March 8, 2010

Dear Heath Care Professional:

We write collectively to provide you important information about AdvaMed's newly updated Code of Ethics which has been adopted by our companies.

AdvaMed's updated and more rigorous Code of Ethics reflects our industry's commitment to openness, transparency and high ethical standards. The Code provides additional clarity on permitted and prohibited industry interactions with health care providers. It became effective July 1, 2009.

As a community, we have all agreed that our companies and all of our company representatives will abide by the Code in our dealings with you. We have included for your reference a handbook entitled: *Deciphering the Code*: A guide to the shared principles, policies and practices governing the CRM industry, to provide an overview of the new Code, new standards, and additional resources if you have questions.

Hank Kucheman
Group President, CRV
Boston Scientific Corporation

Eric S. Fain, M.D.
President, Cardiac Rhythm Management Division
St. Jude Medical

Dan Hackman
Senior Vice President
U.S. Cardiac Rhythm Management
Sorin Group

Jake Langer
President
Biotronik, Inc.

Pat Mackin
Sr. Vice President and President
Cardiac Rhythm Disease Management
Medtronic, Inc.

EXHIBIT 4

AdvaMed
Advanced Medical Technology Association

CODE OF ETHICS ON INTERACTIONS WITH HEALTH CARE PROFESSIONALS

ADOPTED BY THE ADVANCED MEDICAL TECHNOLOGY ASSOCIATION

I. Preamble: Goal and Scope of AdvaMed Code

The Advanced Medical Technology Association ("AdvaMed") represents companies that develop, produce, manufacture, and market medical products, technologies and related services and therapies used to diagnose, treat, monitor, manage and alleviate health conditions and disabilities ("Medical Technologies") in order to enable patients to live longer and healthier lives (collectively "Companies," and individually "Company"). AdvaMed is dedicated to the advancement of medical science, the improvement of patient care, and, in particular, the contributions that high quality, innovative Medical Technologies make toward achieving these goals. AdvaMed recognizes the obligation to facilitate ethical interactions between Companies and those individuals or entities involved in the provision of health care services and/or items to patients, which purchase, lease, recommend, use, arrange for the purchase or lease of, or prescribe Companies' Medical Technologies in the United States ("Health Care Professionals").

Medical Technologies

Medical Technologies are often highly dependent upon "hands on" Health Care Professional interaction from beginning to end—unlike drugs and biologics, which act on the human body by pharmacological, immunological or metabolic means. For example, implantable Medical Technologies are often placed in the human body to replace or strengthen a body part. Surgical Medical Technologies often serve as extensions of a physician's hands. In other circumstances, Medical Technologies are noninvasive reagents, instrumentation and/or software to aid in the diagnosis, monitoring and treatment decisions made by Health Care Professionals. Some Medical Technologies work synergistically with other technologies, or are paired with other products that deploy devices in the safest and most effective manner. Many Medical Technologies require technical support during and after deployment.

Interactions with Health Care Professionals

The scope of beneficial interactions between Health Care Professionals and Companies is broad and includes interactions intended to:

- *Promote the Advancement of Medical Technologies.* Developing and improving cutting edge Medical Technologies are collaborative processes between Companies and Health

Care Professionals. Innovation and creativity are essential to the development and evolution of Medical Technologies, which often occur outside a Company's laboratory.

- *Enhance the Safe and Effective Use of Medical Technologies.* The safe and effective use of sophisticated electronic, *in vitro* diagnostic, surgical, or other Medical Technologies often requires Companies to provide Health Care Professionals appropriate instruction, education, training, service and technical support. Regulators often require this type of training as a condition of product approval.

- *Encourage Research and Education.* Companies' support of *bona fide* medical research, education, and enhancement of professional skills improves patient safety and increases access to Medical Technologies.

- *Foster Charitable Donations and Giving.* Companies make monetary and Medical Technology donations for charitable purposes, such as supporting indigent care, as well as patient and public education. This increases access to—as well as the quality of—care and treatment in patient populations that may not otherwise be reached.

The Purpose of the Code of Ethics

AdvaMed recognizes that Health Care Professionals' first duty is to act in the best interests of patients. Companies can serve the interests of patients through beneficial collaborations with Health Care Professionals. To ensure that these collaborative relationships meet high ethical standards, they must be conducted with appropriate transparency and in compliance with applicable laws, regulations and government guidance. AdvaMed recognizes the obligation to facilitate ethical interactions between Companies and Health Care Professionals in order to ensure that medical decisions are based on the best interests of the patient. The ethical principles that govern these interactions are the subject of this Code of Ethics.[1] To that end, AdvaMed restates and amends its Code of Ethics and Frequently Asked Questions (collectively "Code of Ethics" or "Code"), effective July 1, 2009.

II. Code of Ethics Compliance

All Companies are strongly encouraged to adopt this Code and to implement an effective compliance program – one which includes policies and procedures that foster compliance with the Code with respect to their interactions with Health Care Professionals related to Medical Technologies. A Company that adopts the Code is strongly encouraged to submit to AdvaMed an annual certification that the Company has adopted the Code and has implemented an effective compliance program. This certification must be signed by the Company's Chief Executive Officer and Chief Compliance Officer or individuals with equivalent responsibilities within the certifying Company. AdvaMed will publish on its website a list of those Companies that have submitted the annual certification.

[1] The principles of the Code are derived from a variety of authorities, including the federal Anti-kickback Statute. Throughout the Code, we refer to the concept of an "unlawful inducement" to reflect Anti-kickback Statute prohibitions.

Companies that are AdvaMed members shall, and Companies that are non-members may, supply contact information for the Company's Compliance Department or an anonymous hotline to facilitate reporting of possible violations of the Code. AdvaMed will publish on its website the contact information supplied by each such Company.

Companies are strongly encouraged to follow the seven elements of an effective compliance program, appropriately tailored for each Company, namely: (1) implementing written policies and procedures; (2) designating a compliance officer and compliance committee; (3) conducting effective training and education; (4) developing effective lines of communication (including an anonymous reporting function); (5) conducting internal monitoring and auditing; (6) enforcing standards through well-publicized disciplinary guidelines; and (7) responding promptly to detected problems and undertaking corrective action.

> *Note:* This Amended and Restated Code supersedes and replaces all previous AdvaMed Codes of Ethics. Companies adopting this Code shall communicate the principles of this Code to their employees, agents, dealers and distributors with the expectation that they will adhere to this Code. All Companies have an independent obligation to ensure that their interactions with Health Care Professionals comply with all applicable laws and regulations. The information provided by the Department of Health and Human Services, Office of Inspector General ("OIG"), as well as applicable laws or regulations, may provide more specificity than this Code, and Companies should address any additional questions to their own attorneys. This Code of Ethics is intended to facilitate ethical behavior, and is not intended to be, nor should it be, construed as legal advice. The Code is not intended to define or create legal rights, standards or obligations. Any interpretation of the provisions of this Code, as well as Companies' interactions with Health Care Professionals not specifically addressed in this Code, should be made in light of the following principle: Companies shall encourage ethical business practices and socially responsible industry conduct and shall not engage in any unlawful inducement.

III. Company-Conducted Product Training and Education

Companies have a responsibility to make training and education on their products and Medical Technologies available to Health Care Professionals. Companies may also provide education to Health Care Professionals. "Training" means training on the safe and effective use of Medical Technologies. "Education" means communicating information directly concerning or associated with the use of Companies' Medical Technologies, *e.g.*, information about disease states and the benefits of Medical Technologies to certain patient populations. Training and Education programs include, but are not limited to, "hands on" training sessions, cadaver workshops, lectures and presentations, and grand rounds. In fact, the U.S. Food and Drug Administration mandates training and education to facilitate the safe and effective use of certain Medical Technologies. Companies should adhere to the following principles when conducting training and education programs concerning Medical Technologies for Health Care Professionals:

- Programs and events should be conducted in settings that are conducive to the effective transmission of information. These may include clinical, educational, conference, or other settings, such as hotels or other commercially available meeting facilities. In some cases, it may be appropriate for a Company representative to provide training and education at the Health Care Professional's location.

- Programs providing "hands on" training on Medical Technologies should be held at training facilities, medical institutions, laboratories, or other appropriate facilities. The training staff used by the Company should have the proper qualifications and expertise to conduct such training. Training staff may include qualified field sales employees who have the technical expertise necessary to perform the training.

- Companies may provide Health Care Professional attendees with modest meals and refreshments in connection with these programs. Any such meals and refreshments should be modest in value and subordinate in time and focus to the training and/or educational purpose of the meeting.

- Where there are objective reasons to support the need for out-of-town travel to efficiently deliver Training and Education on Medical Technologies, Companies may pay for reasonable travel and modest lodging costs of the attending Health Care Professionals. It is not appropriate for Companies to pay for the meals, refreshments, travel, or other expenses for guests of Health Care Professionals or for any other person who does not have a *bona fide* professional interest in the information being shared at the meeting.

IV. Supporting Third-Party Educational Conferences

Bona fide independent, educational, scientific, and policymaking conferences promote scientific knowledge, medical advancement and the delivery of effective health care. These typically include conferences sponsored by national, regional, or specialty medical associations and conferences sponsored by accredited continuing medical education providers. Companies may support these conferences in various ways:

- *Conference Grants.* Companies may provide a grant to the conference sponsor to reduce conference costs. They may also provide grants to a training institution or the conference sponsor to allow attendance by medical students, residents, fellows, and others who are Health Care Professionals in training. Companies may provide grants when: (1) the gathering is primarily dedicated to promoting objective scientific and educational activities and discourse; and (2) the training institution or the conference sponsor selects the attending Health Care Professionals who are in training. Such grants should be paid only to organizations with a genuine educational function and may be used to reimburse only the legitimate expenses for *bona fide* educational activities. Such grants also should be consistent with applicable standards established by the conference sponsor and any body accrediting the educational activity. The conference sponsor should independently control and be responsible for the selection of program content, faculty, educational methods, and materials.

- *Conference Meals and Refreshments.* Companies may provide funding to the conference sponsor to support the provision of meals and refreshments to conference attendees. Also, Companies themselves may provide meals and refreshments for Health Care Professional attendees if such meals and refreshments are provided: (1) to all Health Care Professional attendees (with the limited exception noted below), and (2) in a manner that is consistent with applicable standards established by the conference sponsor and the body accrediting the educational activity. Meals and refreshments may be provided to fewer than all Health Care Professional attendees if the Company providing such meals and refreshments satisfies all other principles related to meals set forth in Section VIII. Any meals and refreshments should be modest in value, subordinate in time and focus to the purpose of the conference, and clearly separate from the continuing medical education portion of the conference.

- *Faculty Expenses.* Companies may make grants to conference sponsors for reasonable honoraria, travel, lodging, and modest meals for Health Care Professionals who are *bona fide* conference faculty members.

- *Advertisements and Demonstration.* Companies may purchase advertisements and lease booth space for Company displays at conferences.

V. Sales, Promotional, and Other Business Meetings

Companies may conduct sales, promotional, and other business meetings with Health Care Professionals to discuss, for example, Medical Technology features, sales terms, or contracts. Often, these meetings occur close to the Health Care Professional's place of business. It is appropriate to pay for reasonable travel costs of attendees when necessary (*e.g.*, for plant tours or demonstrations of non-portable equipment) and/or to provide occasional modest meals and refreshments in connection with such meetings. However, it is not appropriate to pay for meals, refreshments, travel, or lodging of guests of Health Care Professionals or any other person who does not have a *bona fide* professional interest in the information being shared at the meeting. *See* Section VIII for additional principles related to the provision of meals associated with Health Care Professional business interactions.

VI. Consulting Arrangements with Health Care Professionals

Companies engage Health Care Professionals to provide a wide-range of valuable, *bona fide* consulting services through various types of arrangements, such as contracts for research, product development, development and/or transfer of intellectual property, marketing, participation on advisory boards, presentations at Company-sponsored training and other services. Companies may pay consultants fair market value compensation for performing these types of services, provided that they are intended to fulfill a legitimate business need and do not constitute an unlawful inducement. Companies should comply with the following standards in connection with consulting arrangements with Health Care Professionals:

- Consulting agreements should be written and describe all services to be provided. When a Company contracts with a consultant to conduct clinical research services, there should also be a written research protocol.

- Consulting arrangements should be entered into only where a legitimate need for the services is identified in advance and documented.

- Selection of a consultant should be made on the basis of the consultant's qualifications and expertise to meet the defined need.

- Compensation paid to a consultant should be consistent with fair market value in an arm's length transaction for the services provided and should not be based on the volume or value of the consultant's past, present or anticipated business.

- A Company may pay for documented, reasonable and actual expenses incurred by a consultant that are necessary to carry out the consulting arrangement, such as costs for travel, modest meals, and lodging.

- The venue and circumstances for Company meetings with consultants should be appropriate to the subject matter of the consultation. These meetings should be conducted in clinical, educational, conference, or other settings, including hotel or other commercially available meeting facilities, conducive to the effective exchange of information.

- Company-sponsored meals and refreshments provided in conjunction with a consultant meeting should be modest in value and should be subordinate in time and focus to the primary purpose of the meeting. Companies should not provide recreation or entertainment in conjunction with these meetings.

- A Company's sales personnel may provide input about the suitability of a proposed consultant, but sales personnel should not control or unduly influence the decision to engage a particular Health Care Professional as a consultant. Companies should consider implementing appropriate procedures to monitor compliance with this section.

Provisions on Payment of Royalties. Arrangements involving the payment of royalties to a Health Care Professional should meet the contractual standards set forth above. Health Care Professionals, acting individually or as part of a group in which they are an active participant, often make valuable contributions that improve products or Medical Technologies. They may develop intellectual property, for example, patents, trade secrets, or know-how, under a product or technology development or intellectual property licensing agreement. A Company should enter into a royalty arrangement with a Health Care Professional only where the Health Care Professional is expected to make or has made a novel, significant, or innovative contribution to, for example, the development of a product, technology, process, or method. A significant contribution by an individual or group, if it is the basis for compensation, should be appropriately documented.

The calculation of royalties payable to a Health Care Professional in exchange for Intellectual Property should be based on factors that preserve the objectivity of medical decision-making and avoid the potential for improper influence. For example, royalties paid in exchange for Intellectual Property should not be conditioned on: (1) a requirement that the Health Care Professional purchase, order or recommend any product or medical technology of the

Company or any product or technology produced as a result of the development project; or (2) a requirement to market the product or medical technology upon commercialization. (Companies may, however, elect to enter into separate consulting agreements with Health Care Professionals for marketing services if such services meet the requirements set forth in this Section VI above.) Companies are strongly encouraged to consider whether it is appropriate and practicable to exclude from the calculation of royalties the number of units purchased, used, or ordered by the Health Care Professional and/or members of the Health Care Professional's practice.

VII. Prohibition on Entertainment and Recreation

Company interactions with Health Care Professionals should be professional in nature and should facilitate the exchange of medical or scientific information that will benefit patient care. To ensure the appropriate focus on an educational and/or informational exchange and to avoid the appearance of impropriety, a Company should not provide or pay for any entertainment or recreational event or activity for any non-employee Health Care Professional. Such activities include, for example, theater, sporting events, golf, skiing, hunting, sporting equipment, and leisure or vacation trips. Such entertainment or recreational events, activities, or items should not be provided, regardless of: (1) their value; (2) whether the Company engages the Health Care Professional as a speaker or consultant; or (3) whether the entertainment or recreation is secondary to an educational purpose.

VIII. Modest Meals Associated with Health Care Professional Business Interactions

A Company's business interactions with Health Care Professionals may involve the presentation of scientific, educational, or business information and include, but are not limited to, the different types of interactions described in Sections III through VI of this Code of Ethics. Such exchanges may be productive and efficient when conducted in conjunction with meals. Accordingly, modest meals may be provided as an occasional business courtesy consistent with the limitations in this section.

Purpose. The meal should be incidental to the *bona fide* presentation of scientific, educational, or business information and provided in a manner conducive to the presentation of such information. The meal should not be part of an entertainment or recreational event.

Setting and Location. Meals should be in a setting that is conducive to *bona fide* scientific, educational, or business discussions. Meals may occur at the Health Care Professional's place of business. However, in some cases the place of business may be a patient care setting that is not available for, or conducive to, such scientific, educational, or business discussions. In other cases, it may be impractical or inappropriate to provide meals at the Health Care Professional's place of business, for example, (1) where the Medical Technology cannot easily be transported to the Health Care Professional's location, (2) when it is necessary to discuss confidential product development or improvement information, or (3) where a private space cannot be obtained on-site.

Participants. A Company may provide a meal only to Health Care Professionals who actually attend the meeting. A Company may not provide a meal for an entire office staff where

everyone does not attend the meeting. A Company also may not provide a meal where its representative is not present (such as a "dine & dash" program). A Company may not pay for meals for guests of Health Care Professionals or for any other person who does not have a *bona fide* professional interest in the information being shared at the meeting.

Other principles. Depending on the type of business interaction or meeting, additional principles may apply, as described in other sections of this Code of Ethics. Specifically:

- Section III: Company-Conducted Product Training and Education.
- Section IV: Supporting Third-Party Educational Conferences.
- Section V: Sales, Promotional, and Other Business Meetings.
- Section VI: Consulting Arrangements with Health Care Professionals.

IX. Educational Items; Prohibition on Gifts

A Company occasionally may provide items to Health Care Professionals that benefit patients or serve a genuine educational function for Health Care Professionals. Other than medical textbooks or anatomical models used for educational purposes, any such item should have a fair market value of less than $100. A Company may not provide items that are capable of use by the Health Care Professional (or his or her family members, office staff or friends) for non-educational or non-patient-related purposes, for example, a DVD player or MP3 player/I-Pod.

A Company may not give Health Care Professionals any type of non-educational branded promotional items, even if the item is of minimal value and related to the Health Care Professional's work or for the benefit of patients. Examples of non-educational branded promotional items include pens, notepads, mugs, and other items that have a Company's name, logo, or the name or logo of one of its Medical Technologies. Companies also may not provide Health Care Professionals with gifts such as cookies, wine, flowers, chocolates, gift baskets, holiday gifts or cash or cash equivalents.

This section is not intended to address the legitimate practice of providing products for evaluation and demonstration purposes, which is addressed in Section XII.

X. Provision of Coverage, Reimbursement and Health Economics Information

As Medical Technologies have become increasingly complex, so have payor coverage and reimbursement policies. Patient access to necessary Medical Technology may be dependent on Health Care Professionals and/or patients having timely and complete coverage, reimbursement, and health economic information. Consequently, a Company may provide such information regarding its Medical Technologies if it is accurate and objective. A Company also may collaborate with Health Care Professionals, patients and organizations representing their interests, to achieve government and commercial payor coverage decisions, guidelines, policies, and adequate reimbursement levels that allow patients to access its Medical Technologies.

Permissible activities involving the provision of coverage, reimbursement and health economic information may include, but are not limited to:

- Identifying the clinical value of the Company's Medical Technologies and the services and procedures in which they are used when providing coverage, reimbursement and health economics information and materials to Health Care Professionals, professional organizations, patient organizations, and payors.

- Collaborating with Health Care Professionals, their professional organizations, and patient groups to conduct joint advocacy on coverage, reimbursement and health economics issues; supporting Health Care Professionals and their professional organizations in developing materials and otherwise providing direct or indirect input into payor coverage and reimbursement policies.

- Promoting accurate Medicare and other payor claims by providing accurate and objective information and materials to Health Care Professionals regarding the Company's Medical Technologies, including identifying coverage, codes and billing options that may apply to those Medical Technologies or the services and procedures in which they are used.

- Providing accurate and objective information about the economically efficient use of the Company's Medical Technologies, including where and how they can be used within the continuum of care.

- Providing information related to the Company's Medical Technologies regarding available reimbursement revenues and associated costs.

- Providing information relating to changes in coverage or reimbursement amounts, methodologies and policies and the effects of such changes in order to facilitate a Health Care Professional's decision to buy or use the Company's Medical Technologies.

- Providing accurate and objective information designed to offer technical or other support intended to aid in the appropriate and efficient use or installation of the Company's Medical Technologies.

- Facilitating patient access to the Company's Medical Technologies by providing Health Care Professionals with assistance in obtaining patient coverage decisions from payors. This assistance may include providing information and/or training on payor policies and procedures for obtaining prior authorization, and providing sample letters and information on medical necessity and appeals of denied claims. In addition, at the request of a Health Care Professional to facilitate patient access to the Company's Medical Technology, and subject to appropriate privacy safeguards, the Company may assist the patient by facilitating the preparation and submission of requests for coverage determinations, prior authorizations, pre-certifications and appeals of denied claims, relating to a Company's own Medical Technology; however such assistance should not be provided as an unlawful inducement.

A Company may not interfere with a Health Care Professional's independent clinical decision-

making or provide coverage, reimbursement and health economics support as an unlawful inducement. For example, a Company should not provide free services that eliminate an overhead or other expense that a Health Care Professional would otherwise of business prudence or necessity have incurred as part of its business operations if doing so would amount to an unlawful inducement. Further, a Company should not suggest mechanisms for billing for services that are not medically necessary, or for engaging in fraudulent practices to achieve inappropriate payment.

XI. Research and Educational Grants and Charitable Donations

A Company may provide research and educational grants and charitable donations. However, a Company may not provide such grants or donations as an unlawful inducement. Therefore, a Company should: (a) adopt objective criteria for providing such grants and donations that do not take into account the volume or value of purchases made by, or anticipated from, the recipient; (b) implement appropriate procedures to ensure that such grants and donations are not used as an unlawful inducement; and (c) ensure that all such grants and donations are appropriately documented. A Company's sales personnel may provide input about the suitability of a proposed grant or charitable donation recipient or program, but sales personnel should not control or unduly influence the decision of whether a particular Health Care Professional or institution will receive a grant or donation or the amount of such grant or donation. Companies should consider implementing procedures to monitor compliance with this section.

a. Research Grants

Research provides valuable scientific and clinical information, improves clinical care, leads to promising new treatments, promotes improved delivery of health care, and otherwise benefits patients. In furtherance of these objectives, a Company may provide research grants to support independent medical research with scientific merit. Such activities should have well-defined objectives and milestones and may not be linked directly or indirectly to the purchase of Medical Technologies.

Company-initiated or directed research involving a Company's Medical Technologies (such as clinical study agreements) is addressed separately in Section VI.

b. Educational Grants

Educational grants may be provided for legitimate purposes, including, but not limited to, the examples below. As noted in Section IV, a Company may make educational grants to conference sponsors or training institutions. A Company may not make educational grants to individual Health Care Professionals.

- *Advancement of Medical Education.* A Company may make grants to support the genuine medical education of medical students, residents, and fellows participating in fellowship programs that are charitable or have an academic affiliation, or other medical personnel. (For additional considerations regarding educational grants, see Section IV.)

- *Public Education.* A Company may make grants for the purpose of supporting education

of patients or the public about important health care topics.

c. Charitable Donations

A Company may make monetary or Medical Technology donations for charitable purposes, such as supporting indigent care, patient education, public education, or the sponsorship of events where the proceeds are intended for charitable purposes. Donations should be motivated by *bona fide* charitable purposes and should be made only to *bona fide* charitable organizations or, in rare instances, to individuals engaged in genuine charitable activities for the support of a *bona fide* charitable mission. Companies should exercise diligence to ensure the *bona fide* nature of the charitable organization or charitable mission.

XII. Evaluation and Demonstration Products

Providing products to Health Care Professionals at no charge for evaluation or demonstration purposes can benefit patients in many ways. These benefits include improving patient care, facilitating the safe and effective use of products, improving patient awareness, and educating Health Care Professional regarding the use of products. Under certain circumstances described below, a Company may provide reasonable quantities of products to Health Care Professionals at no charge for evaluation and demonstration purposes.

This section is limited to providing evaluation and demonstration products only and is not intended to address any other arrangement.

Company products that may be provided to Health Care Professionals for evaluation include single use (*e.g.*, consumable or disposable products) and multiple use products (sometimes referred to as "capital equipment"). These products may be provided at no charge to allow Health Care Professionals to assess the appropriate use and functionality of the product and determine whether and when to use, order, purchase, or recommend the product in the future. Company products provided for evaluation are typically expected to be used in patient care.

Single Use/Consumables/Disposables. The number of single use products provided at no charge should not exceed the amount reasonably necessary for the adequate evaluation of the products under the circumstances.

Multiple Use/Capital. Multiple use products provided without transfer of title for evaluation purposes should be furnished only for a period of time that is reasonable under the circumstances to allow an adequate evaluation. The terms of an evaluation of such multiple use products should be set in advance in writing. Companies should retain title to such multiple use products during the evaluation period and should have a process in place for promptly removing such multiple use products from the Health Care Professional's location at the conclusion of the evaluation period unless the Health Care Professional purchases or leases the products.

Demonstration. Company demonstration products are typically unsterilized single use products or mock-ups of such products that are used for Health Care Professional and patient awareness, education, and training. For example, a Health Care Professional may use a demonstration product to show a patient the type of device that will be implanted in the patient. Demonstration

products typically are not intended to be used in patient care. Demonstration products also are typically identified as not intended for patient use by use of such designations as "Sample," "Not for Human Use," or other suitable designation on the product, the product packaging, and/or documentation that accompanies the product.

A Company should provide Health Care Professionals with documentation and disclosure regarding the no-charge status of evaluation and demonstration products.

FREQUENTLY ASKED QUESTIONS

REGARDING ADVAMED'S CODE OF ETHICS ON INTERACTIONS WITH HEALTH CARE PROFESSIONALS

SECTION I: PREAMBLE AND GENERAL QUESTIONS

Q1 Why did AdvaMed develop a code distinct from the PhRMA Code on Interactions with Health Care Professionals?

The AdvaMed Code of Ethics is intended to address the unique interactions that occur between Companies and Health Care Professionals, just as the PhRMA Code reflects the nature of interactions between pharmaceutical companies and Health Care Professionals. Distinguishing features in AdvaMed's Code arise primarily from the fact that Companies interact with Health Care Professionals because of the complexity and "hands on" nature of Medical Technologies and the importance of having Health Care Professionals understand how to use the technologies safely and effectively.

Q2 Who are "Health Care Professionals"? Does the term include non-clinical people who make Medical Technology purchasing decisions? Does it include decision-makers within GPOs?

The phrase "Health Care Professionals" is intended to be a broad one. It includes individuals or entities: 1) which are involved in the provision of health care services and/or items to patients; and 2) which purchase, lease, recommend, use, arrange for the purchase or lease of, or prescribe Companies' Medical Technologies in the United States. The phrase Health Care Professional includes both persons providing services (such as licensed physicians) and persons who do not provide services directly but who are involved in the decision to purchase, lease, or recommend a Medical Technology. These individuals include, for example, purchasing agents, physician's practice managers and management within group purchasing organizations ("GPOs").

Q3 Does the Code apply to gifts, meals, refreshments, and other benefits provided by Companies to government employees?

Yes, the Code applies to gifts, meals, refreshments, and other benefits provided by Companies to government employees if the employees are Health Care Professionals. Companies also should be aware that there may be specific legal restrictions on providing gifts and other benefits to government employees, and that these restrictions may, in some cases, be more restrictive than the Code.

Q4 Does the Code cover interactions with Health Care Professionals whose primary place of work is outside the U.S.? Does it cover interactions outside the U.S. with Health Care Professionals who work in the U.S.?

The Code applies to interactions with Health Care Professionals to the extent that they provide services or Medical Technologies in the United States. This would include interactions with Health Care Professionals who work in the United States, even if the interaction occurs outside

the country (such as at a conference or other event). Of course, there are other laws and ethical requirements that may pertain to interactions with Health Care Professionals located both inside and outside the United States.

Q5 **Are combination products covered by the Code?**

Yes, interactions related to combination products (*e.g.*, those that are both biologics and devices or drugs and devices) are covered by the Code. Interactions related to combination products also may be subject to the ethical codes of other trade associations.

Q6 **Does the Code address arrangements between a Company and a Health Care Professional relating to licensing a new product to the Company?**

If these arrangements involve providing services to a Company, they are a type of consulting arrangement addressed in Section VI.

Q7 **What do the terms "modest" and "occasional" mean?**

"Modest" means moderate value, but may differ depending on regional differences. "Occasional" means infrequent.

The provision of meals is subject to the limits discussed in Section VIII. A Company should consider establishing limits on the frequency and costs of meals provided to Health Care Professionals to comply with the requirements that the meals must be "modest" and "occasional."

Q8 **May a Company's employee or agent pay for meals or refreshments for a Health Care Professional that a Company could not provide under the Code, if the Company neither pays for the meals or refreshments nor reimburses the employee or agent?**

No. The Code should be viewed as applying to a Company's employees and agents even if they pay for benefits themselves. Depending on the circumstances, it may be appropriate for an employee or agent of a Company to engage in certain activities with a Health Care Professional if each pays his or her own way.

Q9 **May a Company offer to provide laptop computers with independent value to any purchasing manager whose hospital purchases at least 1,000 units of the Company's medical technology that the Company has just introduced?**

No. A Company may not provide any item of value to a Health Care Professional that takes into consideration the value or volume of the business that is or may be generated by the Health Care Professional, unless permitted by law (*e.g.*, appropriate discounts).

Q10 **May a Company provide support for a Health Care Professional-sponsored social event, such as an office holiday party?**

No, such support would be inappropriate.

SECTION II: CODE OF ETHICS COMPLIANCE

Q11 What form should Companies use to make the certification described in Section II, and on what date are such certifications due?

The revised AdvaMed Code of Ethics will take effect on July 1, 2009. Company certifications should be submitted no later than July 1 of each year, beginning in 2010. AdvaMed will publish the certification form that Companies should use. While it may take a period of time for Companies to adopt the revised Code, create and implement policies, procedures and effective compliance programs to comply with the Code, and educate and train employees whose job responsibilities make the information relevant, Companies should endeavor to accomplish these tasks as diligently as reasonably possible.

Q12 Does the AdvaMed Code of Ethics offer legal advice?

No. The Code is intended to facilitate ethical behavior and is not intended to be, nor should it be, construed as legal advice. All Companies have an independent obligation to ensure that their interactions with Health Care Professionals comply with all applicable laws and regulations.

Q13 Will AdvaMed staff provide advice on how the Code would apply to specific practices?

No. Companies should address questions about specific practices to their own attorneys or advisors.

Q14 Does the Code govern the actions of Companies' agents and distributors?

As stated in Section II, Companies adopting the Code are required to communicate the Code's provisions to their employees, agents, dealers and distributors with the expectation that they will adhere to them. It is important that these entities are informed that AdvaMed has revised its Code of Ethics and that they are aware of the ethical standards reflected in it.

Q15 What does "appropriately tailored" mean with respect to implementation of the seven elements of an effective compliance program?

"Appropriately tailored" means that each Company's implementation of the seven elements of an effective compliance program should take into account the Company's size, resources, particular lines of business, and work-force. AdvaMed recognizes that, given the wide diversity within the medical technology industry, there is no single best compliance program. AdvaMed strongly encourages Companies to develop and implement compliance elements that address the specific types of risks that apply to their operations.

SECTION III: COMPANY-CONDUCTED PRODUCT TRAINING AND EDUCATION

Q16 Why may it be appropriate under the Code for Companies to pay for travel to attend training and education sessions?

In order to efficiently deliver training and/or education at appropriate facilities, the Code contemplates that a Company may bring Health Care Professionals together at a central location, which may make out-of-town travel necessary. Note that this section deals only with meetings focused on training and education on Medical Technologies, and only for persons who could legitimately benefit from the training and education. (Meetings focused on sales, promotional, and other business meetings are discussed in Section V.)

Q17 May a Company pay for travel to a Company-sponsored general educational program (not related to a Medical Technology)?

It may be appropriate for a Company to conduct a general educational session, but it is not the type of program for which Company-supported travel would be appropriate under the Code. In contrast, paying for a Health Care Professional's travel may be appropriate when the Company is conducting training and education on the safe and effective use of its Medical Technologies.

SECTION IV: SUPPORTING THIRD-PARTY EDUCATIONAL CONFERENCES

Q18 May a Company designate attendees or faculty who will speak at a third-party educational conference?

No. The Code contemplates that an independent third party will select faculty and attendees. The Code does not preclude a Company from recommending a knowledgeable faculty member, where the recommendation is permitted by the conference sponsor's guidelines. The ultimate selection should be made by the conference sponsor.

Q19 May a Company provide an educational grant to support the attendance of a Health Care Professional at a third-party educational conference?

The Code contemplates that grants would be made to the conference sponsor or training institution, which will select the attendees. Furthermore, the Code contemplates that the benefited attendees would be medical students, residents, fellows, or other Health Care Professionals in training.

Q20 If a Company provides a grant for a medical student to attend an educational conference, may the funds be used to cover both travel expenses and registration fees?

Yes, provided that the grant is given directly to a training institution or a third party educational conference sponsor.

Q21 **May a Company sponsor an off-site sales, promotional, or other business meeting that is ancillary to a third-party educational conference?**

Yes, provided that the sales and promotional meeting or other activity has a legitimate business purpose and meets all applicable requirements of the Code. The Company also should comply with applicable conference sponsor guidelines.

SECTION V: SALES, PROMOTIONAL, AND OTHER BUSINESS MEETINGS

Q22 **Why does the Code not allow Companies to extend business courtesies to guests/spouses in connection with sales, promotional and other business meetings?**

AdvaMed's Code of Ethics is mindful of the desire to avoid even the appearance that business courtesies are being given as improper inducements to promote a Company's Medical Technologies. On the other hand, Companies may, as a matter of common courtesy and civility, provide occasional modest meals or refreshments for Health Care Professionals in connection with these types of meetings that are conducive to the exchange of information. The Code precludes the extension of these courtesies to persons, such as guests/spouses, without a *bona fide* professional interest in the meeting.

Q23 **May a Company conduct a sales, promotional, or other business meeting at a resort location and pay for a Health Care Professional's travel to the meeting?**

Generally, this would not be appropriate. Companies should be deliberate in selecting the location and venue for such meetings. Like location and venue selection for training and education meetings (discussed in Section III), Companies should select a location and venue that is appropriate for, and conducive to, accomplishing the purpose of the meeting. Selection of a resort location would not likely meet these standards and may give rise to an appearance of impropriety. In addition, the location should be evaluated for consistency with the provisions in Section V, which state that it may be appropriate at sales, promotional, or other business meetings to provide occasional modest meals or refreshments and, with respect to providing travel, that the travel be "necessary." Furthermore, the Code provides for limited special circumstances of "plant tours and demonstrations of non-portable equipment" as specific examples of when travel might be necessary.

Q24 **May a Company indirectly provide meals or refreshments when the provision of meals or refreshments does not conform to the Code, for example, by reimbursing a distributor who provides these meals while marketing the Company's Medical Technologies?**

No. Companies should always promote adherence to the Code by intermediaries when they are engaged in marketing the Company's Medical Technologies. A Company should never knowingly encourage or condone an intermediary's engaging in conduct that would be prohibited by the Code if a Company engaged in it directly.

SECTION VI: CONSULTING ARRANGEMENTS WITH HEALTH CARE PROFESSIONALS

Q25 **Is a clinical investigator considered a "consultant" under Section VI?**

If the clinical investigator is providing services to the Company in return for compensation, he or she is a consultant under Section VI.

Q26 **Is there a limit to the number of consultants a Company may retain under Section VI?**

Companies may retain only as many consultants as are necessary to fulfill the Company's requirements for *bona fide* services; moreover, the requirements of Section VI must be satisfied for each consultant.

Q27 **May a consultant be placed under retainer with services provided as requested?**

Yes, provided the requirements of Section VI are met.

Q28 **What happens if a consultant is engaged but the project is cancelled or modified without using the consultant's services?**

The Code contemplates that if the requirements of Section VI were met when the consultant was engaged and then unanticipated circumstances prevented performance, then the question of whether or how much payment is made to a consultant would be a matter determined by the underlying consulting agreement. However, any such payment should be reasonable under the circumstances.

Q29 **What factors should a Company consider when evaluating the venues and circumstances for meetings with consultants?**

A Company should assess (a) whether there is a *bona fide* business justification for holding the meeting; (b) whether the location and venue are suitable for and conducive to the exchange of information; (c) whether the value of any Company-sponsored lodging is reasonable; (d) whether any ancillary meals and refreshments are modest in value and are subordinate in time and focus to the business part of the meeting; and (e) whether the overall meeting has a genuine business purpose and tenor and does not constitute an unlawful inducement.

Q30 **Do the restrictions of the AdvaMed Code apply to Company interactions with consultants in the same way as they do to interactions with other Health Care Professionals?**

Yes. All interactions with Health Care Professionals must meet the requirements of the Code. These include the requirements of Section VI as well as other applicable sections of the Code.

Q31 **When is a Health Care Professional considered a "consultant"? What types of arrangements with consultants are covered under Section VI?**

Any relationship between a Health Care Professional and a Company where services provided to the Company by the Health Care Professional are exchanged for remuneration constitutes a consulting arrangement and should comply with Section VI. Examples of consulting arrangements include agreements to provide education and training, speaking engagements, proctoring and preceptorships, reference center or center of excellence arrangements, participation on advisory boards or focus groups, medical technology development and research services arrangements (such as post-market research agreements, research and development agreements and clinical studies), and arrangements for the development and/or transfer of intellectual property. Research and educational grants are not considered consulting arrangements. They are addressed in Section XI.

Q32 **Can the selection of a consultant include his or her experience, usage or familiarity with a specific Company Medical Technology?**

Section VI provides that a consultant should be selected on the basis of his or her qualifications and expertise to meet a defined need. It is possible that these qualifications could include experience with, usage of, or familiarity with a specific Medical Technology. However, neither selection of, nor compensation paid to, consultants should be to reward past usage or constitute an unlawful inducement.

Q33 **How are Clinical Study Agreements treated under the Code?**

Arrangements that involve the provision of clinical research services by a Health Care Professional in return for compensation are a type of consulting arrangement and are subject to the same principles as other consulting arrangements under the Code. They should be governed by a written services agreement, and compensation should be based on fair market value for the services provided. The clinical program for which the services are being provided should fulfill a legitimate research purpose.

A Clinical Study Agreement typically is entered into between a Company and a Health Care Professional that is a facility, institution, or practice group, and compensation for the clinical research services is paid to that entity. An individual Health Care Professional may act as a study investigator but also provide related services in his or her individual capacity that is outside the scope of the services covered in the clinical study agreement (*e.g.*, protocol development). In that case, it may be appropriate to enter into a separate consulting arrangement with that Health Care Professional.

Q34 **How can a Company establish "fair market value"?**

There are different valuation methods that may be used to establish fair market value. In all instances, a Company should use objective, verifiable criteria. The method or methods used by a Company should be documented.

Q35 **What is considered a "legitimate need" to engage a Health Care Professional as a consultant?**

A legitimate need arises when a Company requires the services of a Health Care Professional in order to achieve a proper business objective. There are many proper business objectives. However, engaging a Health Care Professional for the purpose of generating business directly

from such Health Care Professional (or a health care provider that is affiliated with the Health Care Professional) is not a proper business objective. Thus, there is a legitimate need to engage a Health Care Professional only if the arrangement would have been entered into absent an opportunity to generate business directly from the Health Care Professional. Further, the level of consulting services to be obtained from a Health Care Professional should not exceed the amount that is reasonably necessary to achieve a Company's proper business objective.

SECTION VII: PROHIBITION ON ENTERTAINMENT AND RECREATION

Q36 **May a Company's employee or agent pay for entertainment or recreation for a Health Care Professional that a Company could not provide under the Code, if the Company neither pays for the entertainment or recreation nor reimburses the employee or agent?**

No. The Code should be viewed as applying to a Company's employees and agents even if they pay. Depending on the circumstances, it may be appropriate for an employee or agent of a Company to engage in certain activities with a Health Care Professional if each pays his or her own way.

SECTION VIII: MODEST MEALS ASSOCIATED WITH HEALTH CARE PROFESSIONAL BUSINESS INTERACTIONS

Q37 **Is a general discussion to build good business relationships a "business presentation" such that it is appropriate to provide a business meal?**

No. A business presentation may include substantial discussions related to medical technology development and improvement of a medical technology, pricing, or contract negotiations. The business discussion should account for most of the time spent during the meal. Development of general goodwill and business relationships should not be the primary purpose of a business meal, and a business meal should not be used for entertainment or recreational purposes.

SECTION IX: EDUCATIONAL ITEMS; PROHIBITION ON GIFTS

Q38 **May a Company provide a gift such as flowers, gift baskets, meals, snacks, wine, or other refreshments to a Health Care Professional or a Health Care Professional's office or staff?**

No. These types of gifts and refreshments are not considered educational items or for the benefit of patients.

Q39 **May a Company give gifts to staff of a Health Care Professional who are not themselves Health Care Professionals?**

Gifts given to the staff of a Health Care Professional should be treated as though they are given to the Health Care Professional and are subject to all applicable provisions of the Code.

Q40 **May a Company or its representative provide a gift to recognize a life event for a Health Care Professional, such as a wedding, birth, anniversary, or death of a family member?**

No. A Company, or representative acting on the Company's behalf, may only provide items to Health Care Professionals that are intended for the benefit of patients or serve a genuine educational function for the Health Care Professional. Gifts such as flowers, fruit baskets, etc. do not meet this requirement even if provided to recognize a significant life event.

Q41 **May a Company raffle an item during a trade show, such as two round-trip airline tickets, that it could not otherwise give as a gift?**

No. A Company may not raffle or give away at a trade show an item that it could not otherwise give a Health Care Professional under Section IX.

Q42 **What types of items are considered to be for the benefit of patients?**

Items intended for the benefit of patients could include starter kits,and educational brochures, for example. However, "scrubs" and office supplies would not be considered an item for the benefit of patients. With respect to starter kits, a Company should adopt appropriate safeguards regarding the provision of such kits to ensure they are not offered as an unlawful inducement.

SECTION X: PROVISION OF COVERAGE, REIMBURSEMENT, AND HEALTH ECONOMICS INFORMATION

Q43 **Is it appropriate to demonstrate that a Medical Technology can be used in an economically efficient manner?**

It may be appropriate for Companies to provide accurate information relating to the costs, savings and revenues associated with the use of its Medical Technologies. Without this information, it may be difficult for a Health Care Professional to properly evaluate their economic feasibility or desirability.

SECTION XI: RESEARCH AND EDUCATIONAL GRANTS AND CHARITABLE DONATIONS

Q44 **What is an example of a grant or donation to "individuals engaged in genuine charitable missions for the support of that mission"?**

One example is providing medical technologies to individuals who perform volunteer disaster relief abroad. Supporting disaster relief work may be appropriate under the Code, notwithstanding that the individuals or group are acting as independent volunteers and not under the umbrella of a not-for-profit, charitable organization.

Q45 **May a Company make a charitable contribution to a not-for-profit institution to pay the registration or seminar fees and travel expenses for an affiliated Health Care Professional to attend a third-party educational conference?**

In general, Section IV does not permit a Company to pay directly for the registration, seminar fees or travel expenses of a Health Care Professional's attendance at a third-party educational conference. Consequently, the Company should not provide these benefits indirectly as a charitable contribution to a Health Care Professional's not-for-profit institution for the purpose of defraying the costs of particular individuals' attendance. However, it can provide grants to sponsors to: 1) pay the expenses of faculty members selected by the conference sponsor; 2) support the participation of Health Care Professionals in training; or 3) reduce the costs of participation by all participants.

Q46 **May a Company make a charitable contribution to a not-for-profit hospital for construction of a new wing?**

Companies have historically supported the delivery of health care services through charitable contributions. As with any other contribution, this type of contribution may be appropriate if: (a) the recipient of the contribution is a charitable organization; (b) the purpose of the donation is charitable in nature; and (c) it is not an unlawful inducement. Many factors would be involved in considering whether such a contribution is appropriate, including ensuring that the amount of the donation is not dependent upon the volume of business or anticipated business conducted with or referred to the Company.

Q47 **May a Company make an educational grant to pay for a clinical fellow?**

A Company may make an educational grant to an institution to subsidize a clinical fellow if the fellow is in a genuine fellowship program which has a charitable or academic affiliation. A Company may not use the provision of an educational grant as an unlawful inducement.

Q48 **May a Company pay for or provide tickets to a Health Care Professional or spouse or guest to attend charitable events, such as galas and golf outings?**

No. A Company may not pay for or provide tickets to Health Care Professionals or their spouses or guests to attend charitable events, such as galas and golf outings.

Q49 **May a Company give a Health Care Professional a research grant that is unrestricted and can be used for any purpose?**

No. A Company should give research grants only if they are in support of research that has defined goals, objectives, and milestones.

Q50 **May a Company make a contribution in support of a Health Care Professional's charitable event (*e.g.*, golf tournament, outing, gala dinner, and the like), where the proceeds earned from the event will be used for charitable purposes?**

Yes, so long as the donation is not an unlawful inducement. However, a Company may not pay for an individual Health Care Professional to attend or participate in the charitable event.

Q51 **How can a Company determine whether a charitable organization is a *bona fide* charitable organization?**

Companies should exercise diligence to ensure the charitable organization is *bona fide*. Relevant factors to consider may include (1) the entity's tax status, (2) the entity's corporate status under state law, and (3) whether the organization has a charitable mission or purpose, among other factors.

SECTION XII: EVALUATION AND DEMONSTRATION PRODUCTS

Q52 **May a Company provide a recently approved product without charge to a Health Care Professional for evaluation?**

Yes, but the Company should provide the Health Care Professional with documentation about the product to allow the Health Care Professional to appropriately address any obligation to report for reimbursement purposes.

Q53 **A Health Care Professional has requested that a Company provide it with a multiple use product to evaluate. How long can the Company provide the product at no charge to the Health Care Professional?**

The specific length of time reasonably necessary for a Health Care Professional to assess a multiple use product will depend on the frequency of anticipated use, the duration of required training, the number of Health Care Professionals who will need to evaluate the product, the length of time necessary to evaluate different product features, and similar considerations. A Company should provide a Health Care Professionals with documentation and disclosure regarding the no-charge status of evaluation products.

Q54 **Is a demonstration or evaluation product that is provided at no charge to a Health Care Professional by a Company a gift?**

No. Demonstration and evaluation products are not considered gifts under Section IX.

BRADENTON CARDIOLOGY
2010 59th Street West, Suite 4200
Bradenton, FL 34209
(941) 794-3999
Fax (941) 792-4048
ID #59-3362711

☐ Raj T. Rajan, MD, FACC
☐ Asad Sawar, MD, FACC
☐ Kristin Eversole, MSN, A.R.N.P.

CODE	DIAGNOSIS
441.4	Abdom Aortic Aneurysm
794.31	Abnormal EKG
794.30	Abnormal Function Study
413.9	Angina Pectoris
395.0	Aortic Stenosis Rheumatic
424.1	Aortic Valve Disorder
427.9	Arrhythmia/Cardiac Dysrhythmia
440.8	Atherosc! Lwr Ext Art
427.31	Atrial Fibrillation
427.32	Atrial Flutter
426.0	Atrioventricular Block-Complete
402.11	Benign HYP HRT
427.89	Bradycardia
426.13	2° AV BLK I
426.12	2° AV BLK II
E942.0	Cardiac Rhythm Regulators
E942.1	Cardiotonic Glycosides & Drugs
785.9	Carotid Bruit
433.10	Carotid Occlusion
433.11	Cerebrovascular Disease
786.50	Chest Pain
496	COPD
414.00	CAD, unsp.

CODE	DIAGNOSIS
☐ 414.01	CAD, Native
☐ 414.02	CAD, Auto Bypass
☐ 414.12	Dissection of Coronary Artery
☐ 790.92	Coumadin Therapy
☐ 395.9	Diseases of Aortic Valve
☐ 394.9	Diseases of Mitral Valve
☐ 780.4	Dizziness
☐ 250.00	DM-Adult Onset
☐ 250.01	DM-Insulin Dependent
☐ 451.11	DVT Femoral Vein
☐ 451.19	DVT Pop. Tibial
☐ 780.79	Other Malaise + Fatigue
☐ 785.2	Heart Murmur
☐ 401.9	Hypertension
☐ 458.9	Hypotension
☐ 272.0	Hypercholesterolemia
☐ 272.4	Hyperlipidemia
☐ 396.9	Mitral/Aortic Valve Dis.
☐ 394.0	Mitral Stenosis
☐ 424.0	Mitral Valve Disorder
☐ 412	Old MI
☐ 785.1	Palpitations

CODE	DIAGNOSIS
☐ 443.9	Peripheral Vascular Disease
☐ 425.4	Primary Cardiomyopathy
☐ 442.3	Pseudoaneurysm
☐ 414.06	Coronary Atherosclerosis of Coronary Artery of Transp. Heart
☐ 428.0	Congestive Heart Failure
☐ 428.20	Unspecified Systolic Heart Failure
☐ 428.21	Acute Systolic Heart Failure
☐ 428.22	Chronic Systolic Heart Failure
☐ 428.23	Acute on Chronic Systolic Heart Failure
☐ 428.30	Unspecified Diastolic Heart Failure
☐ 428.31	Acute Diastolic Heart Failure
☐ 428.32	Chronic Diastolic Heart Failure
☐ 428.33	Acute on Chronic Diastolic Heart Failure
☐ 428.40	Unspec. Comb. Systolic & Diastolic Heart Failure
☐ 428.41	Acute Comb. Systolic & Diastolic Heart Failure
☐ 428.42	Chronic Comb. Systolic & Diastolic Heart Failure
☐ 415.19	Pulmonary Embolism
☐ 398.90	Rheumatic Heart Disease
☐ 416.0	Pulmonary HTN-Primary
☐ 416.8	Pulmonary HTN-Secondary
☐ 416.9	Chronic Pulmonary Heart Dis.
☐ 786.05	Shortness of Breath

CODE	DIAGNOSIS
☐ 427.81	Sinoatrial Node Dysfunction SSS
☐ V45.81	S/P CABG/Bypass
☐ 451.0	Superficial Veins Thrombophlebitis
☐ 780.2	Syncope
☐ 427.0	Tachycardia, Paroxysmal Supra Vent.
☐ 427.1	Tachycardia, Ventricular, Paroxysmal
☐ 427.41	Tachycardia, Vent. FIB
☐ 427.42	Tachycardia, Vent. Flutter
☐ 414.9	Transient Cardiac Ischemia
☐ 435.9	Transient Cerebral Ischemia
☐ 397.0	Tric. Insuf. Rheumatic
☐ 424.2	Tricuspid Insuf.
☐ 411.1	Unstable Angina
☐ 444.21	Upper Extremity Occlusion
☐ V43.3	Valve Replacement
☐ 454	Varicose Veins Lwr Ext Specify
☐ 593.81	Vascular Disorder of Kidney, Renal Artery Thrombosis
☐ 459.81	Venous Insuff.
☐ 453.8	Venous Thrombosis Upper Ext
☐ 796.2	White Coat Hypertension
☐ 426.7	Wolff-Parkinson-White Disease
☐ V72.81	Pre Op Cardiovascular
☐ V45.82	S/P Stent
☐ 423.9	Pericardial Effusion
☐ 420.90	Pericarditis
☐ 745.5	Atrial Septal Defect

NEXT APPT.	WHEN
☐ OV	
☐ Test Results	
☐ Spect Myoview	
☐ Persantine Myoview	
☐ Rest/Stress RNA	
☐ Adenosine Myoview	
☐ Dobutamine Stress	
☐ Muga Scan	
☐ Regular Stress	
☐ Echo w/Color/Doppler	
☐ Echo Limited	
☐ T-wave	
☐ Stress Echo	
☐ Carotid Duplex	
☐ Lower Arterial w/PVR	
☐ Lower Arterial Duplex	
☐ Lower Venous	
☐ Renal Duplex	
☐ Aorta	
☐ Holter	
☐ Pacer Check	
☐ ICD Check	
☐ EKG	
☐ Blood Pressure Check	
☐ ICG	
☐ Lipid Clinic	
☐ Cardiac Rehab	
☐ Coumadin Clinic	
☐ ECP	

OFFICE VISITS

✓	NEW	✓	ESTABLISHED	FEE
99201	Level I	99211	Level I	
99202	Level II	99212	Level II	
99203	Level III	99213	Level III	
99204	Level IV	99214	Level IV	
99205	Level V	99215	Level V	
99024	Post Op Visit			

CONSULTATIONS

99241	Level I	
99242	Level II	
99243	Level III	
99244	Level IV	
99245	Level V	

DESCRIPTION

80061	Lipid Panel	
84450	AST-SGOT	
84460	ALT-SGPT	
93000	EKG with Report	
93278	Signal Avg. EKG	
93040	Rhythm Strip	
93734	Pacemaker Evaluation & Report-Sin	
93731	Pacemaker Evaluation & Report-Dou	
93735	Pacemaker Reprogram-Single	
93732	Pacemaker Reprogram-Double	
93741	ICD Single Eval & Report	
93742	ICD Single Reprogram	
93743	ICD Dual Eval & Report	
93744	ICD Dual Reprogram	
93727	Elec. Analysis Implantible Loop Records	
93270	Hook up Loop Monitor	
93272	Interp Loop Monitor	
93014	Interp Non Loop Monitor	
93230	Holter Monitor Global	
G0001	Venipuncture	
85610	Protime	
J1940	IV Lasix 20mg	
J1160	IV Digoxin	
J0460	Atropine	

✓	CODE	NONINVASIVE PROCEDURES	FEE
	90782	Therapeutic Injection	
	78481	Rest RNA/First Pass	
	93015	Exercise Stress Test	
	78478	Myocardial Perfusion	
	78465	Tomographic Spect Multiple	
	78480	Perfusion Study w/Elec Frac	
	A9500	Cardiolite	
	A9502	Myoview per dose	
	J1245	Persantine	
	J1250x1	Dobutamine	
	J0151	Adenosine	
	J0280	Aminophylline	
	W4132x1	MUGA	
	78472	MUGA	
	93025	Micro-volt T-wave Alternans	
	93307	Echocardiogram 2D & M Mode	
	93320	Cardiac Doppler	
	93325	Cardiac Doppler Color Flow	
	93321	Cardiac Doppler Limited	
	93350	Echo w/Exercise (93015)	
	93308	Echo Limited	
	93701	Bio-Z 1 or 2	
	93880	Carotid Imaging, Real Time	
	93922	Lwr Art BP-ABI	
	93923	Up/Lwr Art BP, PVR/Rest	
	93924	Up/Lwr Art BP, PVR/Exercise	
	93925	Lower Arterial Imaging	
	93926	Limited Arterial Imaging	
	93930	Upper Arterial Imaging	
	93965	Lower Ext Venous CW, PPG	
	93970	Lower Venous Imaging	
	93971	Upper Venous Imaging	
	93975	Renal Duplex	
	93978	Aorta-Iliac Ultrasound	
	93784	24° BP Monitor	
	J7051	Saline 5cc	
	G0166	ECP	

PATIENT INFORMATION

EXHIBIT 5

DATE	TIME	PATIENT	REASON		PRIOR BALANCE	
				PAT	264.16	
02/ [redacted]			3MO/PACER CK	INS	116.00	1.

DOCKET NO.	DR.#	DOCTOR	LOCATION	D.O.B.	TODAY'S CHARGE
[redacted]	12	PACER	BRADENTON HEART CENT	[redacted]	3.

PATIENT NO.	RESPONSIBLE PARTY	PH#	REFERRING DR.	
[redacted]		941 [redacted]		4.
				ADJUSTMENTS

S	M	F	ADDRESS	CITY/STATE	ZIP CODE	
			[redacted]	BRADENTON	FL 34205	6.
						7.

CAP	OVER 90	OVER 60	OVER 30	CURRENT	TOTAL DUE	PT	BC	CS	PAY CHOICE	TODAY'S PAYMENT
	177.08	43.54	21.77	137.77	380.16 38	3	4			9.
										10.

INSURANCE COMPANY	BA	SCT	POLICY I.D.	RELATIONSHIP TO INSURED
UNITED HEALTHCARE AT Y			[redacted]	X SELF / SPOUSE / CHILD / OTHER

SSN # [redacted]

414.01 CAD-NATIVE VESSEL

BALANCE DUE

Medications	Date	Size	Frequen	Count
ASA	060704	81MG	QD	KM
ALTACE	110304	10MG	QD	KP
AMIODARONE	110304	200MG	QD	KP
LASIX	110304	40MG	BID	KP
KCL	110304	20MEQ	BID	KP
DARVOCET	110304	N-100	PRN	KP
MISC/MED	110304	CYMBALT	30MG AS	KP
TOPROL XL	111604	200MG	QD	KP
ZOCOR	111604	20MG	QD	KP
MVI	022505		QD	LM

I hereby authorize my insurance benefits to be paid directly to the above signed physician, realizing I am responsible to pay non-covered services and hereby authorize the release of pertinent medical information to insurance carriers.

Patient Signature

...Suite 4200
L 34209
99
2-4048
711

HEART CENTER

- [ ] Jagan Akella, MD
- [ ] Christopher Davis, MD
- [ ] Amanda Gray, PA-C

DIAGNOSIS
V BLK I
V BLK II
om Aortic Aneurysm
ormal EKG
ormal Function Study
e Diastolic Heart Failure
te on Chronic Diastolic Heart Failure
te on Chronic Systolic Heart Failure
te Systolic Heart Failure
ina Pectoris
tic Stenosis Rheumatic
tic Valve Disorder
hythmia/Cardiac Dysrhythmia
erosci. Lwr Ext Art
al Fibrillation
al Flutter
al Septal Defect
ventricular Block-Complete
ign HYP HRT
dycardia
D, Auto Bypass
D, Native
D, unsp.

CODE	DIAGNOSIS
☐ 785.9	Carotid Bruit
☐ 433.10	Carotid Occlusion
☐ 433.11	Cerebrovascular Disease
☐ 786.50	Chest Pain
☐ 428.32	Chronic Diastolic Heart Failure
☐ 416.9	Chronic Pulmonary Heart Dis.
☐ 428.22	Chronic Systolic Heart Failure
☐ 428.0	Congestive Heart Failure
☐ 496	COPD
☐ 414.06	Coronary Atherosclerosis of Coronary Artery of Transp. Heart
☐ 790.92	Coumadin Therapy
☐ 395.9	Diseases of Aortic Valve
☐ 394.9	Diseases of Mitral Valve
☐ 414.12	Dissection of Coronary Artery
☐ 780.4	Dizziness
☐ 250.00	DM-Adult Onset
☐ 250.01	DM-Insulin Dependent
☐ 451.11	DVT Femoral Vein
☐ 451.19	DVT Pop. Tibial
☐ 782.3	Edema
☐ 276.6	Fluid Retention
☐ 785.2	Heart Murmur

CODE	DIAGNOSIS
☐ 272.0	Hypercholesterolemia
☐ 272.4	Hyperlipidemia
☐ 401.9	Hypertension
☐ 458.9	Hypotension
☐ 396.9	Mitral/Aortic Valve Dis.
☐ 394.0	Mitral Stenosis
☐ 424.0	Mitral Valve Disorder
☐ 412	Old MI
☐ 780.79	Other Malaise + Fatigue
☐ 785.1	Palpitations
☐ 423.9	Pericardial Effusion
☐ 420.90	Pericarditis
☐ 443.9	Peripheral Vascular Disease
☐ V72.81	Pre Op Cardiovascular
☐ 425.4	Primary Cardiomyopathy
☐ 415.19	Pulmonary Embolism
☐ 416.0	Pulmonary HTN-Primary
☐ 416.8	Pulmonary HTN-Secondary
☐ 442.3	Pseudoaneurysm
☐ 398.90	Rheumatic Heart Disease
☐ 786.05	Shortness of Breath
☐ 427.81	Sinoatrial Node Dysfunction SSS
☐ V45.81	S/P CABG/Bypass

CODE	DIAGNOSIS
☐ V45.02	S/P ICD
☐ V45.01	S/P Pacemaker
☐ V45.82	S/P Stent
☐ 451.0	Superficial Veins Thrombophlebitis
☐ 780.2	Syncope
☐ 427.0	Tachycardia, Paroxysmal Supra Vent.
☐ 427.1	Tachycardia, Ventricular, Paroxysmal
☐ 427.41	Tachycardia, Vent. FIB
☐ 427.42	Tachycardia, Vent. Flutter
☐ 414.9	Transient Cardiac Ischemia
☐ 435.9	Transient Cerebral Ischemia
☐ 397.0	Tric. Insuf. Rheumatic
☐ 424.2	Tricuspid Insuf.
☐ 428.20	Unsp. Systolic Heart Failure
☐ 411.1	Unstable Angina
☐ 444.21	Upper Extremity Occlusion
☐ V43.3	Valve Replacement
☐ 454	Varicose Veins Lwr Ext Specify
☐ 593.81	Vascular Disorder of Kidney, Renal Artery Thrombosis
☐ 459.81	Venous Insuff.
☐ 453.8	Venous Thrombosis Upper Ext
☐ 796.2	White Coat Hypertension
☐ 426.7	Wolff-Parkinson-White Disease

NEXT APPT.	WHEN
☐ OV	
☐ Test Results	
☐ Spect Myoview	
☐ Persantine Myoview	
☐ Rest/Stress RNA	
☐ Adenosine Myoview	
☐ Dobutamine Stress	
☐ Muga Scan	
☐ Regular Stress	
☐ Echo w/Color/Doppler	
☐ Echo Limited	
☐ T-wave	
☐ Stress Echo	
☐ Carotid Duplex	
☐ Lower Arterial w/PVR	
☐ Lower Arterial Duplex	
☐ Lower Venous	
☐ Renal Duplex	
☐ Aorta	
☐ Holter	
☐ Pacer Check	
☐ ICD Check	
☐ EKG	
☐ Blood Pressure Check	
☐ ICG	
☐ Lipid Clinic	
☐ Cardiac Reheb	
☐ Coumadin Clinic	
☐ ECP	

OFFICE VISITS		FEE
NEW	ESTABLISHED	
Level I	99211	Level I
Level II	99212	Level II
Level III	99213	Level III
Level IV	99214	Level IV
Level V	99215	Level V
Post Op Visit		

CONSULTATIONS	FEE
Level I	
Level II	
Level III	
Level IV	
Level V	

DESCRIPTION	FEE
Lipid Panel	
AST-SGOT	
ALT-SGPT	
EKG with Report	
Signal Avg. EKG	
Rhythm Strip	
Pacer Evaluation-Single/Dual	
Pacer Reprogram-Dual	
Pacer Reprogram-Single	
ICD Eval & Report-Single/Dual	
ICD Single Reprogram	
ICD Dual Reprogram	
Elec. Analysis Implantible Loop Records	
Hook up Loop Monitor	
Interp Loop Monitor	
Interp Non Loop Monitor	
Holter Monitor Global	
Venipuncture	
Protime	
IV Lasix 20mg	
IV Digoxin	
Atropine	

✓	CODE	NONINVASIVE PROCEDURES	FEE
	90782	Therapeutic Injection	
	78481	Rest RNA/First Pass	
	93015	Exercise Stress Test	
	78478	Myocardial Perfusion	
	78465	Tomographic Spect Multiple	
	78480	Perfusion Study w/Ejec Frac	
	A9500	Cardiolite	
	A9502	Myoview per dose	
	J1245	Persantine	
	J1250x1	Dobutamine	
	J0151	Adenosine	
	J0280	Aminophylline	
	W4132x1	MUGA	
	78472	MUGA	
	93025	Micro-volt T-wave Alternans	
	93306	Echocardiogram-Complete	
	93320	Cardiac Doppler	
	93325	Cardiac Doppler Color Flow	
	93321	Cardiac Doppler Limited	
	93350	Echo w/Exercise (93015)	
	93308	Echo Limited	
	93701	Bio-Z 1 or 2	
	93880	Carotid Imaging, Real Time	
	93922	Lwr Art BP-ABI	
	93923	Up/Lwr Art BP, PVR/Rest	
	93924	Up/Lwr Art BP, PVR/Exercise	
	93925	Lower Arterial Imaging	
	93926	Limited Arterial Imaging	
	93930	Upper Arterial Imaging	
	93965	Lower Ext Venous CW, PPG	
	93970	Lower Venous Imaging	
	93971	Upper Venous Imaging	
	93975	Renal Duplex	
	93978	Aorta-Iliac Ultrasound	
	93784	24° BP Monitor	
	J7051	Saline 5cc	
	G0165	ECP	
	93979	CELIAC Ultrasound	

PATIENT INFORMATION

Medications | Date | Size | Frequen | Count

TIME PATIENT - M.S. REASON PAT

8/09 1.30 [redacted] 2WK F/UP +PACER CK INS

PRIOR BALANCE 0.00

2976.00

NO. DR.# DOCTOR LOCATION D.O.B.

08910 7 AKELLA MD BRADENTON HEART CENT [redacted]

T NO. RESPONSIBLE PARTY PH# REFERRING DR.

636 [redacted] [redacted] BHAMBER

TODAY'S CHARGE

ADJUSTMENTS

F ADDRESS CITY/STATE ZIP CODE

[redacted] [redacted] [redacted]

OVER 90	OVER 60	OVER 30	CURRENT	TOTAL DUE	PT	BC	CS	PAY CHOICE
0.00	0.00	0.00	2976.00	2976.00	4	0		

TODAY'S PAYMENT

ANCE COMPANY BA SCT POLICY I.D.

)ICAID CONSULTEC Y 1 [redacted]

RELATIONSHIP TO INSURED: SELF | SPOUSE | CHILD | OTHER

BALANCE DUE

I hereby authorize my insurance benefits to be paid directly to the above signed physician, realizing I am responsible to pay non-covered services and hereby authorize the release of pertinent medical information to insurance carriers.

V # 428.0 CONGESTIVE HEART FAILURE

Patient Signature

) 794-3999
(941) 792-4048
59-3362711

☐ Christopher Davis, MD
☐ Amanda Gray, PA-C

E	DIAGNOSIS	CODE	DIAGNOSIS	CODE	DIAGNOSIS	CODE	DIAGNOSIS	NEXT APPT.	WHEN
.13	2° AV BLK I	☐ 785.9	Carotid Bruit	☐ 272.0	Hypercholesterolemia	☐ V45.02	S/P ICD	☐ OV	
.12	2° AV BLK II	☐ 433.10	Carotid Occlusion	☐ 272.4	Hyperlipidemia	☐ V45.01	S/P Pacemaker	☐ Test Results	
.4	Abdom Aortic Aneurysm	☐ 433.11	Cerebrovascular Disease	☐ 401.9	Hypertension	☐ V45.82	S/P Stent	☐ Spect Myoview	
.31	Abnormal EKG	☐ 786.50	Chest Pain	☐ 458.9	Hypotension	☐ 451.0	Superficial Veins Thrombophlebitis	☐ Persantine Myoview	
.30	Abnormal Function Study	☐ 428.32	Chronic Diastolic Heart Failure	☐ 396.9	Mitral/Aortic Valve Dis.	☐ 780.2	Syncope	☐ Rest/Stress RNA	
.31	Acute Diastolic Heart Failure	☐ 416.9	Chronic Pulmonary Heart Dis.	☐ 394.0	Mitral Stenosis	☐ 427.0	Tachycardia, Paroxysmal Supra Vent.	☐ Adenosine Myoview	
.23	Acute on Chronic Diastolic Heart Failure	☐ 428.22	Chronic Systolic Heart Failure	☐ 424.0	Mitral Valve Disorder	☐ 427.1	Tachycardia, Ventricular, Paroxysmal	☐ Dobutamine Stress	
.23	Acute on Chronic Systolic Heart Failure	☐ 428.0	Congestive Heart Failure	☐ 412	Old MI	☐ 427.41	Tachycardia, Vent. Fib	☐ Muga Scan	
L2:	Acute Systolic Heart Failure	☐ 496	COPD	☐ 780.79	Other Malaise + Fatigue	☐ 427.42	Tachycardia, Vent. Flutter	☐ Regular Stress	
.9	Angina Pectoris	☐ 414.06	Coronary Atherosclerosis of Coronary Artery of Transp. Heart	☐ 785.1	Palpitations	☐ 414.9	Transient Cardiac Ischemia	☐ Echo w/Color/Doppler	
.0	Aortic Stenosis Rheumatic	☐ 790.92	Coumadin Therapy	☐ 423.9	Pericardial Effusion	☐ 435.9	Transient Cerebral Ischemia	☐ Echo Limited	
.1	Aortic Valve Disorder	☐ 395.9	Diseases of Aortic Valve	☐ 420.90	Pericarditis	☐ 397.0	Tric. Insuf. Rheumatic	☐ T-wave	
'9	Arrhythmia/Cardiac Dysrhythmia	☐ 394.9	Diseases of Mitral Valve	☐ 443.9	Peripheral Vascular Disease	☐ 424.2	Tricuspid Insuf.	☐ Stress Echo	
.8	Atherosci. Lwr Ext Art	☐ 414.12	Dissection of Coronary Artery	☐ V72.81	Pre Op Cardiovascular	☐ 428.20	Unsp. Systolic Heart Failure	☐ Carotid Duplex	
'31	Atrial Fibrillation	☐ 780.4	Dizziness	☐ 425.4	Primary Cardiomyopathy	☐ 411.1	Unstable Angina	☐ Lower Arterial w/PVR	
'32	Atrial Flutter	☐ 250.00	DM-Adult Onset	☐ 415.19	Pulmonary Embolism	☐ 444.21	Upper Extremity Occlusion	☐ Lower Arterial Duplex	
.5	Atrial Septal Defect	☐ 250.01	DM-Insulin Dependent	☐ 416.0	Pulmonary HTN--Primary	☐ V43.3	Valve Replacement	☐ Lower Venous	
.0	Atrioventricular Block-Complete	☐ 451.11	DVT Femoral Vein	☐ 416.8	Pulmonary HTN--Secondary	☐ 454	Varicose Veins Lwr Ext Specify _____	☐ Renal Duplex	
.11	Benign HYP HRT	☐ 451.19	DVT Pop. Tibial	☐ 442.3	Pseudoaneurysm	☐ 593.81	Vascular Disorder of Kidney, Renal Artery Thrombosis	☐ Aorta	
'89	Bradycardia	☐ 782.3	Edema	☐ 398.90	Rheumatic Heart Disease	☐ 459.81	Venous Insuff.	☐ Holter	
.02	CAD, Auto Bypass	☐ 276.6	Fluid Retention	☐ 786.05	Shortness of Breath	☐ 453.8	Venous Thrombosis Upper Ext	☐ Pacer Check	
.01	CAD, Native	☐ 785.2	Heart Murmur	☐ 427.81	Sinoatrial Node Dysfunction SSS	☐ 796.2	White Coat Hypertension	☐ ICD Check	
.00	CAD, unsp.			☐ V45.81	S/P CABG/Bypass	☐ 426.7	Wolff-Parkinson-White Disease	☐ EKG	
								☐ Blood Pressure Check	
								☐ ICG	
								☐ Lipid Clinic	
								☐ Cardiac Rehab	
								☐ Coumadin Clinic	
								☐ ECP	

	OFFICE VISITS	FEE		✓	CODE	NONINVASIVE PROCEDURES	FEE
	NEW		ESTABLISHED		90782	Therapeutic Injection	
9201	Level I		99211 Level I		78481	Rest RNA/First Pass	
9202	Level II		99212 Level II		93015	Exercise Stress Test	
9203	Level III		99213 Level III		78478	Myocardial Perfusion	
9204	Level IV		99214 Level IV		78465	Tomographic Spect Multiple	
9205	Level V		99215 Level V		78480	Perfusion Study w/Elec Frac	
0024	Post Op Visit				A9500	Cardiolite	
	CONSULTATIONS				A9502	Myoview per dose	
9241	Level I				J1245	Persantine	
9242	Level II				J1250x1	Dobutamine	
9243	Level III				J0151	Adenosine	
9244	Level IV				J0280	Aminophylline	
9245	Level V				W4132x1	MUGA	
	DESCRIPTION				78472	MUGA	
0061	Lipid Panel				93025	Micro-volt T-wave Alternans	
1450	AST-SGOT				93306	Echocardiogram-Complete	
1460	ALT-SGPT				93320	Cardiac Doppler	
3000	EKG with Report				93325	Cardiac Doppler Color Flow	
3278	Signal Avg. EKG				93321	Cardiac Doppler Limited	
4040	Rhythm Strip				93350	Echo w/Exercise (93015)	
3288	Pacer Evaluation-Single/Dual				93308	Echo Limited	
3280	Pacer Reprogram-Dual				93701	Bio-Z 1 or 2	
3279	Pacer Reprogram-Single				93880	Carotid Imaging, Real Time	
3289	ICD Eval & Report-Single/Dual				93922	Lwr Art BP-ABI	
3282	ICD Single Reprogram				93923	Up/Lwr Art BP, PVR/Rest	
3283	ICD Dual Reprogram				93924	Up/Lwr Art BP, PVR/Exercise	
3727	Elec. Analysis Implantible Loop Records				93925	Lower Arterial Imaging	
3270	Hook up Loop Monitor				93926	Limited Arterial Imaging	
3272	Interp Loop Monitor				93930	Upper Arterial Imaging	
3014	Interp Non Loop Monitor				93965	Lower Ext Venous CW, PPG	
3230	Holter Monitor Global				93970	Lower Venous Imaging	
0001	Venipuncture				93971	Upper Venous Imaging	
5610	Protime				93975	Renal Duplex	
940	IV Lasix 20mg				93978	Aorta-Iliac Ultrasound	
1160	IV Digoxin				93784	24° BP Monitor	
1460	Atropine				J7051	Saline 5cc	
					G0166	ECP	
					93979	CELIAC Ultrasound	

PATIENT INFORMATION

Medications	Date	Size	Frequen	Count

TIME	PATIENT	REASON	PRIOR BALANCE
1/12/10 3.30	S.S. [redacted]	PACER CHECK	PAT 1712.00 INS 0.00

ET NO.	DR.#	DOCTOR	LOCATION	D.O.B.	TODAY'S CHARGE
11234	12	PACER	BRADENTON HEART CENT	[redacted]	

ENT NO.	RESPONSIBLE PARTY	PH#	REFERRING DR.	ADJUSTMENTS
[redacted]	[redacted]	941 [redacted]		

M	F	ADDRESS	CITY/STATE	ZIP CODE
	X	[redacted]	[redacted]	[redacted]

	OVER 90	OVER 60	OVER 30	CURRENT	TOTAL DUE	PT	BC	CS	PAY CHOICE	TODAY'S PAYMENT
P	1,712.00	0.00	0.00	0.00	1712.00	15	4	2		

URANCE COMPANY	BA	SCT	POLICY I.D.	RELATIONSHIP TO INSURED	BALANCE DUE
CBS FLORIDA	Y	I	[redacted]	SELF	
050.00 OV COPAY	D	I		SPOUSE	
SN # [redacted]			427.89 BRADYCARDIA	CHILD	
				OTHER	

I hereby authorize my insurance benefits to be paid directly to the above signed physician, realizing I am responsible to pay non-covered services and hereby authorize the release of pertinent medical information to insurance carriers.

Patient Signature

Lawrence C. Hasara, MD
2225 59th Street W., Suite D
Bradenton, FL 34209
941-761-8865
Tax ID: 20-1145979

CPT	Description	Fee	CPT	Description	Fee
-- ESTABLISHED PATIENTS --			**-- ECHO/VASCULAR ULTRASOUND --**		
99211	Level 1, Minimal		93308	Echo Limited & Follow Up	
99212	Level 2, Minor		93880	Carotid Duplex Scan	
99213	Level 3, Expanded Moderate		93926	Duplex Scan Limited/Unilat	
99214	Level 4, Detailed Moderate		93306	Echo/Doppler/Color Flow	
99215	Level 5, Comprehensive High		**-- NUCLEAR MEDICINE --**		
-- MEDICARE/NEW PATIENTS --			Nuc10	Nuclear Stress w/ Cardiolite x2	
99201	Level 1, Minor		78472	Muga Scan	
99202	Level 2, Expanded Moderate		Q3010	Technetium 99m 25mci	
99203	Level 3, Detailed Moderate		94761	Pulse ox W/ Exercise	
99204	Level 4, Comprehensive High		NucT10	Nuclear Stress w/ Thallium	
99205	Level 5, High Complexity		**-- PACEMAKER/ICD --**		
-- COMMERCIAL/CONSULTS --			93288	Interr Pacemaker (Single/Dual/Bi-V)	
99421	Level 1, Minor		93279	Pacemaker Prog (Single)	
99242	Level 2, Expanded Moderate		93280	Pacemaker Prog (Dual)	
99243	Level 3, Detailed Moderate		93281	Pacemaker Prog (Bi-V)	
99244	Level 4, Comprehensive High		93289	Interr ICD (SINGLE/DUAL/Bi-V)	
99245	Level 5, High Complexity		93282	ICD Prog (Single)	
-- EKG/ HOLTER --			93283	ICD Prog (Dual)	
93000	EKG W/ Interp		93284	ICD Prog (Bi-V)	
93230	Holter Monitor		**-- MISCELLANEOUS --**		
99229	Event Monitor Hook up		J0152	Adenosine ___mg = ___ Units	
99228	Event Monitor Interp		J1245	Persantine ___mg	
-- COUMADIN CLINIC --			J0280	Aminophylline ___mg	
99211	Level 1 Visit BP Check		J0460	Atropine ___mg	
85610	Protime / INR		J1250	Dobutamine ___mg	
			A9505	Thallium x 2	
			-- Smoking Cessation --		
			94406	3-10 min Smoking Cessation	
			94407	10 min + Smoking Cessation	

-- SCHEDULE FOR --

- ____Cardiolite Stress
- ____Adenosine Stress
- ____Persantine Stress
- ____Dobutamine Stress
- ____Muga Scan
- ____Echocardiogram
- ____Carotid Ultrasound
- ____Holter Monitor
- ____Event Monitor / KOH
- ____Office Visit / EKG
- ____Pacemaker Check

____ Near Future ____Weeks

____ Months ____ Years

____ PRN

-- EXTRAS --

Refer To:_____

Records request to: _____

Cardiac Clearance Letter To: ____

ate Time Patient V.Z. Reason Prior Bal
3/10/2010 10:00A [redacted] PACER CK .00

cket# Dr# Doctor Location DOB Today Ch
35699 PACER CLINIC L HASARA OFFICE [redacted] 77

atient# Responsible Party Phone# Ref Dr Adjustment
339 [redacted]

ex M/F Address City/State Zip Today Pmt
[redacted]

surance Policy ID .0 Total Due Balance
[redacted]

EDICARE PART B
NITED AMERICAN
XPECTED COPAY:

EXHIBIT 6

L.H.

[redacted]

CPT	OFFICE SERVICES	FEE
	ESTABLISHED PATIENTS	
99211	Level 1, Minimal	
99212	Level 2, Minor	
99213	Level 3, Expanded Moderate	
99214	Level 4, Detailed Moderate	
99215	Level 5, Comprehensive High	
	NEW PATIENTS	
99201	Level 1, Minor	
99202	Level 2, Expanded Moderate	
99203	Level 3, Detailed Moderate	
99204	Level 4, Comprehensive High	
99205	Level 5, High Complexity	
	CONSULTS	
99241	Level 1, Minor	
99242	Level 2, Expanded Moderate	
99243	Level 3, Detailed Moderate	
99244	Level 4, Comprehensive High	
99245	Level 5, High Complexity	
	EKG / HOLTER	
93000	EKG w/ Interp	
93224	Holter Monitor	
93270	Event Monitor Hookup	
93272	Event Monitor Interp	

CPT	OFFICE SERVICES	FEE
	COUMADIN CLINIC	
99211	Level 1 Visit BP Check	
85610	Protime / INR	
	ECHO/VASCULAR ULTRASOUND	
93308	Echo Limited & Follow Up	
93880	Carotid Duplex Scan	
93926	Duplex Scan Limited/Unilat	
93978	Ultrasound of Abdomen	
93306	Echo/Doppler/Color Flow	
	NUCLEAR	
93015	Exercise Stress Test	
78465	Spect Camera	
78478	Gated Study	
78480	Gated Ejection Fraction	
78472	Muga Scan	
Q3010	Technetium 99m 25mci	
94761	Pulse Oximetry w/ Exercise	
	PACEMAKER / ICD	
93288	Interrogation Pacemaker (Single/Dual/Bi-V)	
93279	Pacemaker Programming (Single)	
93280	Pacemaker Programming (Dual)	
93281	Pacemaker Programming (Bi-V)	
93289	Interrogation ICD (Single/Dual/Bi-V)	
93282	ICD Programming (Single)	
93283	ICD Programming (Dual)	
93284	ICD Programming (Bi-V)	

CPT	MISCELLANEOUS	FEE
J0280	Aminophylline _____ MG	
J0460	Atropine _____ MG	
J3490	Lopressor _____ MG	
J1940	Furosemide Inj Per 20 mg	
J0152	Adenosine _____ MG = _____ Units	
J1245	Persantine _____ MG	
A9500	Cardiolite x 2 Units	
J1250	Dobutamine _____ MG	

SCHEDULE FOR

- ○ **Stress Test** ____ Exercise ____ Cardiolite
- ____ Adenosine ____ Persantine ____ Dobutamine
- ○ **Muga Scan**
- ○ **Echocardiogram**
- ○ **Carotid Ultrasound**
- ○ **Holter Monitor**
- ○ **Event Monitor**
- ○ **Office Visit**

In: _____ **Near Future** _____ **Weeks**

_____ **Months** _____ **Years**

Refer to: _____

_____

_____

○ **Record Request to:** _____

○ **Cardiac Clearance Letter**

DATE	TIME	PATIENT	REASON	PRIOR BALANCE
05/20/09	2:15P	M.M. [redacted]	OV/EKG/6 MO F/U	.00

TICKET NO.	DR.#	DOCTOR	LOCATION	D.O.B.	TODAY'S CHARGE
	[redacted]			[redacted]	

PATIENT NO.	RESPONSIBLE PARTY	PH#	REFERRING DR.	ADJUSTMENTS
	[redacted]	[redacted]	[redacted]	

M	F	ADDRESS	CITY/STATE	ZIP CODE
		[redacted]	[redacted]	[redacted]

OVER 90	OVER 60	OVER 30	CURRENT	TOTAL DUE	PT	BC	CS	PAY CHOICE	TODAY'S PAYMENT
				.00					

INSURANCE COMPANY	BA	SCT	POLICY I.D.	RELATIONSHIP TO INSURED	BALANCE DUE
MEDICARE PART B AARP HEALTHCARE OPTIONS EXPECTED COPAY:			[redacted]	SELF / SPOUSE / CHILD / OTHER	

6310 HEALTHPARK WAY, STE. 230 • BRADENTON, FL 34202
941-907-1113 FAX941-907-3887

☐ E K E. CALDERON, MD, FACC, FSCAI
☐ JASON OKUHARA, DO

CODE	DIAGNOSIS	CODE	DIAGNOSIS	CODE	DIAGNOSIS	CODE	DIAGNOSIS
.4	Abdom Aortic Aneurysm	☐ 427.89	Bradycardia	☐ 790.92	Coumadin Therapy	☐ 443.9	Peripheral Vascular Disease
.31	Abnormal EKG	☐ 414.00	CAD, unsp.	☐ 780.4	Dizziness	☐ 415.19	Pulmonary Embolism
.31	Acute Diastolic Heart Failure	☐ 414.01	CAD, Native	☐ 451.11	DVT Femoral Vein	☐ 442.3	Pseudoaneurysm – LE
.21	Acute Systolic Heart Failure	☐ 414.02	CAD, Auto Bypass	☐ 785.2	Heart Murmur	☐ 593.81	Renal Artery Stenosis
3.9	Angina Pectoris	☐ 425.4	Cardiomyopathy	☐ 272.0	Hypercholesterolemia	☐ 398.90	Rheumatic Heart Disease
4.1	Aortic Valve Disorder	☐ 785.9	Carotid Bruit	☐ 272.4	Hyperlipidemia	☐ 786.05	Shortness of Breath
.1	Aortic Valve Insufficiency	☐ 433.11	Cerebrovascular Disease	☐ 401.9	Hypertension	☐ 427.81	Sinoatrial Node Dysfunction SSS
.9	Arrhythmia/Cardiac Dysrhythmia	☐ 786.50	Chest Pain	☐ 402.10	Hypertensive Heart	☐ 780.2	Syncope
0.3	Atherosci. Lwr Ext Art	☐ 428.32	Chronic Diastolic Heart Failure	☐ 414.8	Ischemic Heart Disease	☐ 427.0	Tachycardia, Paroxysmal Supra Vent.
0.21	Atherosclerosis w/Claudication	☐ 416.9	Chronic Pulmonary Heart Dis.	☐ 394.0	Mitral Stenosis	☐ 435.9	Transient Cerebral Ischemia
0.22	Atherosclerosis w/Rest Pain	☐ 428.22	Chronic Systolic Heart Failure	☐ 424.0	Mitral Valve Disorder	☐ 397.0	Tricuspid Valve Disease
.31	Atrial Fibrillation	☐ 428.0	Congestive Heart Failure	☐ 394.1	Mitral Valve Insufficiency	☐ 428.40	Unspec. Comb. Systolic & Diastolic Heart Failure
.6	Atrial Septal Defect	☐ 414.06	Coronary Atherosclerosis of Coronary Artery of Transp. Heart	☐ 412	Old MI	☐ 411.1	Unstable AP
.0	Atrioventricular Block-Complete			☐ 785.1	Palpitations		

CPT	OFFICE VISITS		FEE
NEW	EST		
99201	99211	Level 1	
99202	99212	Level 2	
99203	99213	Level 3	
99204	99214	Level 4	
99205	99215	Level 5	
	99024	Post Op Visit	
CONSULTATIONS			
99241	Level 1		
99242	Level 2		
99243	Level 3		
99244	Level 4		
99245	Level 5		
Ref. Phy	UPIN #		
INJECTIONS / IMMUNIZATIONS			
G0009	Administration (Mcare)		
G0008	Administration (Mcare)		
G0010	Administration (Mcare)		
90782	Administration Therapeutic		
J0280	Aminophylline		
J3420	B-12 up to 1000 mg		
DIAGNOSTIC			
COUMADIN CLINIC			
85610	Protime		
ECHO / TEE			
93307	Echo 2D & M Mode		
93308	LMT/F-Up Echo		
93320	Cardiac Doppler		
93325	Cardiac Doppler Color Flow		
Q0188	Optison		
78472	Muga		
A9560			
NUCLEAR TESTING			
93015	Stress Test w/Interp.		
93025	T Wave Alternans		
78464	Myo. Perf. (SPECT) S/P-Single		
78465	Myo. Perf. (SPECT) S/P-Multiple		
78478	Quant. Wall Motion		
78480	Ejection Fraction		
78481	Cardiac Blood Pool (First Pass)		
78472	Cardiac Blood Pool (MUGA)		
78461	Myo. Perf. (PLANAR) S/R		
PHARMACOLOGICAL DRUGS			
J1250	Dobutamine /250mg.		
J0152	Adenosine 90mg.		

CPT	RADIOISOTOPES		FEE
A9502	Myoview	units	
A9505	Thallium	units	
A9500	Cardiolite	units	
CPT	**EKG**	**GA**	**FEE**
93000	EKG w/report		
HOLTER / EVENT MONITOR			
93224	Holter		
93227	Holter-Monitor		
93270	Hook up Loop Monitor		
93272	Interp Loop Monitor		
93014	Interp Non Loop Monitor		
93226	Holter Interp		
PACEMAKER			
93288	PM Interrogation Only		
93279	PM Programming - Single		
93280	PM Programming - Dual		
93281	PM Programming - Multiple		
93286	PM - Periprocedural Programming		
93293	PM - Transtelephonic (Raytel)		
93294/	PM - Remote Monitor (CareLink)		
93296	(Technical Component for Remote Monitor)		
ICD			
93289	ICD Interrogation Only		
93282	ICD Programming - Single		
93283	ICD Programming - Dual		
93284	ICD Programming - Multiple		
93287	ICD - Periprocedural Programming		
93295/	ICD - Remote Monitor (CareLink, Latitude)		
93296	(Technical Component for Remote Monitor)		
VASCULAR / ULTRASOUND			
93880	Carotid Duplex		
93882	Carotid limited/unilat		
93922	UEA/LEA single level		
93923	UEA/LEA multiple level		
93924	UEA/LEA w/exercise		
93925	Duplex Arterial lower		
93926	Duplex limited/unilat		
93978	Duplex Aorta iliac		
93979	Duplex Aorta limited unilat		
93970	Duplex Venous		
93971	Duplex Venous limited/unilat		
93978	Duplex Venacava iliac		
93965	Quant Venous Flow Studies		
93930	Duplex Arterial Upper		
93975	Duplex Renal		
93976	Duplex Renal Limited		

FOLLOW-UP	
Abdominal Aortic Duplex	DV
ARNP	Pacer/AICD Check
Blood Pressure Check	Persantine Cardiolite
Echo w/Color Flow & Doppler	Regular Stress
Carotid Duplex Imaging	Renal Duplex Imaging
Coumadin Clinic	Muga
EKG	Spect Cardiolite
Holter/Event Monitor	Test Results
Lower Arterial Flo Lab w/o Exercise	Pacemaker
Lower Arterial Flo Lab w/Exercise	TEE
Lower Arterial Duplex Imaging	Other
Lower Venous Duplex Imaging	
T-Wave Alternans	

PATIENT INFORMATION

Medications Date Size Frequen Count

DATE TIME PATIENT M.O. REASON MEDTRONIC
09/16/09 2.15 [redacted]

PRIOR BALANCE
PAT 0.00
INS 0.00

TICKET NO. DR.# DOCTOR LOCATION D.O.B.
[redacted] [redacted] [redacted] [redacted]

TODAY'S CHARGE

PATIENT NO. RESPONSIBLE PARTY PH# REFERRING DR.
029995 [redacted] [redacted]

ADJUSTMENTS

M F ADDRESS CITY/STATE ZIP CODE
X [redacted]

OVER 90	OVER 60	OVER 30	CURRENT	TOTAL DUE	PT	BC	CS	PAY CHOICE
0.00	0.00	0.00	0.00	0.00			5	3 0

TODAY'S PAYMENT

INSURANCE COMPANY BA SCT POLICY I.D. RELATIONSHIP TO INSURED: SELF SPOUSE CHILD OTHER
MEDICARE PART B Y I [redacted] X
MEDICAID 2NDARY Y I [redacted] X

BALANCE DUE

SSN # [redacted]

EXHIBIT 7

PRINTED IN U.S.A.

John K Lourie, M.D., FACC
Advanced Cardiology

Procedures

- ☐ 93288 - PM DEVICE EVAL IN PERSON
- ☐ 93279 - PM DEVICE PROGR EVAL, SNGL
- ☐ 93280 - PM DEVICE PROGR EVAL, DUAL
- ☐ 93281 - PM DEVICE PROGR EVAL, MULTI
- ☐ 93294 - PM DEVICE INTERROGATE REMOTE
- ☐ 93296 - PM/ICD REMOTE TECH SERV
- ☐ 93289 - ICD DEVICE INTERROGATE
- ☐ 93282 - ICD DEVICE PROG EVAL, 1 SNGL
- ☐ 93283 - ICD DEVICE PROGR EVAL, DUAL
- ☐ 93284 - ICD DEVICE PROGR EVAL, MULT
- ☐ 93295 - ICD DEVICE INTERROGAT REMOTE

Diagnoses

- ☐ V45.01 - CARDIAC PACEMAKER IN SITU
- ☐ 427.31 - ATRIAL FIBRILLATION
- ☐ 427.89 - CARDIAC DYSRHYTHMIAS OT
- ☐ 427.41 - VENTRICULAR FIBRILLATION
- ☐ 427.1 - PAROX VENTRICULR TACHYCARDIA
- ☐ V45.02 - AICD IN SITU
- ☐ 427.32 - ATRIAL FLUTTER
- ☐ 427.69 - PREMATURE BEATS OT
- ☐ 427.42 - VENTRICULAR FLUTTER

Patient Demographics

First Name:	[redacted] M.	**Last Name:**	[redacted] C.
Patient #:	5823	**Medical Record #:**	4872
DOB:	[redacted]	**Home Phone:**	[redacted]
Home Address 1:	[redacted]	**Home City:**	[redacted]
Home State:	Florida	**Home Postal Code:**	[redacted]
Referring Physician:		**Appt. Date/Time:**	11/04/2009 09:45
Appt. Reason:	MEDTRONIC PACEMAKER CHECK	**Primary Insurance:**	MEDICARE -> MEDICARE PART B
Secondary Insurance:		**Copay Due:**	
Patient Balance:	$0.00		

Additional Information

next check:

_____ 1 month

_____ 2 months

_____ 3 months

EXHIBIT 8

Advanced Cardiology

PACEMAKER/ICD TESTING

Procedures

- ☐ 93288 - PM DEVICE EVAL IN PERSON
- ☐ 93279 - PM DEVICE PROGR EVAL, SNGL
- ☑ 93280 - PM DEVICE PROGR EVAL, DUAL
- ☐ 93281 - PM DEVICE PROGR EVAL, MULTI
- ☐ 93294 - PM DEVICE INTERROGATE REMOTE
- ☐ 93289 - ICD DEVICE INTERROGATE
- ☐ 93282 - ICD DEVICE PROG EVAL, 1 SNGL
- ☐ 93283 - ICD DEVICE PROGR EVAL, DUAL
- ☐ 93284 - ICD DEVICE PROGR EVAL, MULT
- ☐ 93295 - ICD DEVICE INTERROGAT REMOTE

Diagnoses

- ☐ V45.01 - CARDIAC PACEMAKER IN SITU
- ☐ 427.31 - ATRIAL FIBRILLATION
- ☐ 427.89 - CARDIAC DYSRHYTHMIAS OT
- ☐ 427.41 - VENTRICULAR FIBRILLATION
- ☐ 427.1 - PAROX VENTRICULR TACHYCARDIA
- ☐ V45.02 - AICD IN SITU
- ☐ 427.32 - ATRIAL FLUTTER
- ☐ 427.69 - PREMATURE BEATS OT
- ☐ 427.42 - VENTRICULAR FLUTTER

Patient Demographics

Appt. Date/Time:	07/28/2010 09:30	**Appt. Reason:**	MEDTRONIC PACEMAKER CHECK
First Name:	[redacted] V.	**Last Name:**	[redacted] C.
Patient #:	611	**DOB:**	[redacted]
Home Address 1:	[redacted]	**Home City:**	[redacted]
Home State:	Florida	**Home Postal Code:**	[redacted]
Home Phone:	[redacted]	**Primary Insurance:**	MEDICARE -> MEDICARE PART B
Secondary Insurance:	BCBS -> BCBS FL BLUE OPTIONS	**Referring Physician:**	
Copay Due:		**Patient Balance:**	-$17.42

Additional Information

next check:

_____ 1 month

_____ 2 months

_____ 3 months

Advanced Cardiology

PACEMAKER/ICD TESTING

Procedures

- ☐ 93288 - PM DEVICE EVAL IN PERSON
- ☐ 93279 - PM DEVICE PROGR EVAL, SNGL
- ☐ 93280 - PM DEVICE PROGR EVAL, DUAL
- ☐ 93281 - PM DEVICE PROGR EVAL, MULTI
- ☐ 93294 - PM DEVICE INTERROGATE REMOTE
- ☐ 93296 - PM/ICD REMOTE TECH SERV
- ☐ 93289 - ICD DEVICE INTERROGATE
- ☐ 93282 - ICD DEVICE PROG EVAL, 1 SNGL
- ☐ 93283 - ICD DEVICE PROGR EVAL, DUAL
- ☐ 93284 - ICD DEVICE PROGR EVAL, MULT
- ☐ 93295 - ICD DEVICE INTERROGAT REMOTE

93288 93289

Diagnoses

- ☐ V45.01 - CARDIAC PACEMAKER IN SITU
- ☐ 427.31 - ATRIAL FIBRILLATION
- ☐ 427.89 - CARDIAC DYSRHYTHMIAS OT
- ☐ 427.41 - VENTRICULAR FIBRILLATION
- ☐ 427.1 - PAROX VENTRICULR TACHYCARDIA
- ☐ V45.02 - AICD IN SITU
- ☐ 427.32 - ATRIAL FLUTTER
- ☐ 427.69 - PREMATURE BEATS OT
- ☐ 427.42 - VENTRICULAR FLUTTER

Patient Demographics

Appt. Date/Time:	06/16/2010 09:45	**Appt. Reason:**	MEDTRONIC ICD REPROGRAMMING
First Name:	[redacted] C.	**Last Name:**	[redacted] C.
Patient #:	537	**DOB:**	[redacted]
Home Address 1:	[redacted]	**Home City:**	[redacted]
Home State:	Florida	**Home Postal Code:**	[redacted]
Home Phone:	[redacted]	**Primary Insurance:**	MEDICARE -> MEDICARE PART B
Secondary Insurance:	BCBS -> BCBS FL BLUE OPTIONS	**Referring Physician:**	
Copay Due:		**Patient Balance:**	-$28.36

Additional Information

next check:

_____ 1 month

_____ 2 months

_____ 3 months

[redacted]

[redacted]6

OFFICE VISITS				FEE
N	EST	CONSULTS		
9201	☐ 99211	☐ 99241	Level 1	
9202	☐ 99212	☐ 99242	Level 2	
9203	☐ 99213	☐ 99243	Level 3	
9204	☐ 99214	☐ 99244	Level 4	
9205	☐ 99215	☐ 99245	Level 5	
	☐ 99024	Post Op Visit		
	☐ 99354	Prolonged OV		
Ref. Phy		UPIN#		

CPT	✓	PACEMAKER / AICD	FEE
93734		Pacemaker Eval & Report Sin	
93731		Pacemaker Eval & Rept Dou	
93735		Pacemaker Reprog - Single	
93732		Pacemaker Reprog - Double	
93741		ICD Eval & Report-Single	
93742		ICD Single Reprogramming	
93743		ICD Eval & Report-Dual	
93744		ICD Dual Reprogramming	
93736		Single TTM Check	
93733		Dual TTM Check	

CPT	✓	NUCLEAR	FEE
93015		Exercise Treadmill	
78465		Spect Camera	
78478		Gated Study	
78480		Gated Ejection Fraction	
78472		Cardiac Blood Pool Rest	
78496		Cardiac Blood Pool Single	
A9500		Cardiolite	
A9502		Myoview	
A9595		Thallium	
J1250		Dobutamine	
J0152		Adenosine	

DIAGNOSTIC ULTRASOUND

T	✓	ECHO / TEE	
07		Echo 2D & M Mode	
20		Cardiac Doppler	
25		Cardiac Doppler Color Flow	
		EKG	
00		EKG w/report	
78		Signal Avg EKG	
40		Rhythm Strip	
		HOLTER / EVENT MONITOR	
24		Holter Monitor	
70		Hook up Loop Monitor	
72		Interp Loop Monitor	
14		Interp Non Loop Monitor	

CPT	✓	VASCULAR / ULTRASOUND	FEE
93880		Carotid Duplex	
93882		Carotid limited/unilat	
93922		UEA/LEA single level	
93923		UEA/LEA multiple level	
93924		UEA/LEA w/ exercise	
93925		Duplex Arterial lower	
93926		Duplex limited/unilat	
93978		Duplex Aorta iliac	
93979		Duplex Aorta limited unilat	
93970		Duplex Venous	
93971		Duplex Venous limited/unilat	
93978		Duplex Venacava iliac	
93965		Quant Venous Flow Studies	
93930		Duplex Arterial Upper	
93975		Duplex Renal	
93976		Renal Ultrasound (No Duplex)	
76705		Limited Abdominal Ultrasound	

CPT	✓	MISCELLANEOUS	FEE
J0460		Atropine	
J3490L		Lopressor	
93784		24 Hr Blood Pressure	
94760		Pulse Ox	

CPT	✓	BLOODWORK / LABS	FEE
85610		Protime	
83721		Direct LDL	
80061		Lipid Profile	
84460		AST/ALT	
36415		Fingerstick	
83880		BNP	

DIAGNOSIS

bnormal (ECG)(EKG)	794.31
bnormal Func Std, unspec	794.30
maurosis Fugax	362.34
nemia	285.9
neurysm, Abdominal Aortic	441.4
neurysm, Thoracic	441.2
ngina, NOS	413.9
ngina, Unstable	411.1
ortic Insufficiency	424.1
ortic Stenosis	424.1
ortic Valve Disorder	424.1
therosclerosis of Aorta	440.0
therosclerosis Extremity w/claud	440.21
therosclerosis of Renal	440.1
trial Fibrillation	427.31
trial Flutter	427.32
trial Premature Contractions	427.61
asilar Syndrome	435.0
radycardia	427.89
AD-Native Vessel	414.01
AD-Autologous BPG	414.02
ardiac Rhythm Regulators	E942.0
ardiomegaly	429.3
ardiomyopathy	425.4
ardiomyopathy, Ischemic	414.8
☐ Carotid Bruit	785.9
☐ Carotid Stenosis	433.10
☐ Chest Pain	786.50
☐ Chest Pain.precordial	786.51
☐ Chest Tightness/Pressure	786.59
☐ Congestive Heart Failure	428.0
☐ CHF w/ Pulmonary Edema	428.1
☐ COPD	496
☐ Coumadin Therapy	790.92
☐ Diabetes-NIDDM, unspec	250.00
☐ Diabetes-IDDM, unspec	250.01
☐ Diaphoresis	780.8
☐ Dizziness/Vertigo	780.4
☐ Edema	782.3
☐ Embolism - Arterial	444.9
☐ Extremity Pain	729.5
☐ Extremity Swelling	729.81
☐ Fatigue/Chronic Syndrome	780.71
☐ Fatigue/Malaise	780.79
☐ GERD	530.11
☐ Heart Block, 1st Degree	426.11
☐ Heart Block, Complete	426.0
☐ Heart Block, LBBB Hemiblock	426.2
☐ Heart Block, LBBB	426.3
☐ Heart Block, RBBB	426.4
☐ Heart Murmur	785.2
☐ Hematoma, Common Femoral	904.0
☐ Hyperlipidemia	272.4
☐ Hypertension, benign	401.1
☐ Hypertension, malignant	401.0
☐ Hypotension, Chronic	458.1
☐ Hypotension, Orthostatic	458.0
☐ Hypothyroidism	244.9
☐ ICD	V45.02
☐ LVH-Left Ventricular Hypertrophy	402.90
☐ Mass, Lump in Chest	786.6
☐ Mitral Regurgitation	424.0
☐ Mitral Valve Disorder	424.0
☐ Myocardial Infarction-Old	412
☐ Myocardial Infarction-Recent	410.90
☐ Numbness	782.0
☐ Pacemaker	V45.01
☐ Palpitations	785.1
☐ Peripheral Vascular Disease	443.9
☐ Phlebitis, Femoral	451.11
☐ Phlebitis, Iliac	451.81
☐ Phlebitis, Popliteal	451.19
☐ Phlebitis, Superficial	451.0
☐ Pleural Effusion	511.9
☐ Pseudoraneurysm	442.2
☐ Pulmonary Hypertension	416.8
☐ Renal Artery Stenosis	440.1
☐ Renovascular Hypertension	403.90
☐ Shortness of Breath/Dyspnea	786.05
☐ Sick Sinus Syndrome	427.81
☐ Subclavian Steal	435.2
☐ Syncope	780.2
☐ Tachycardia, Unspec.	785.0
☐ Tachycardia, SVT	427.0
☐ Tachycardia, Ventricular	427.1
☐ Transient Ischemic Attack	435.9
☐ Tricus Valve Disorder, Non Rheum.	424.2
☐ Venous Insufficiency, unspec	459.81
☐ Ventricular Fibrillation	427.41
☐ Ventricular Flutter	427.42
☐ Ventricular Premature Contractions	427.69
☐ Ventricular Tachycardia	427.1
☐ Vertebral Syndrome	435.1
☐ Wolf Parkinson White Disease	426.7
☐ Other Diagnosis: ____________	

E	TIME	PATIENT	REASON	PRIOR BALANCE
12/03/08	8:45A	[redacted] L.B.	MEDTRONIC PACER REPROG	22.13

ET NO.	DR.#	DOCTOR	LOCATION	D.O.B.	TODAY'S CHARGE
	16114	PACER/ICD CLINIC	[redacted]	[redacted] 86	

ENT NO.	RESPONSIBLE PARTY	PH#	REFERRING DR.	ADJUSTMENTS
	[redacted]	[redacted]	[redacted]	

M	F	ADDRESS	CITY/STATE	ZIP CODE
	F	[redacted]	[redacted]	[redacted]

OVER 90	OVER 60	OVER 30	CURRENT	TOTAL DUE	PT	BC	CS	PAY CHOICE	TODAY'S PAYMENTS
				.00					

RANCE COMPANY	BA	SCT	POLICY I.D.	RELATIONSHIP TO INSURED
EDICARE PART B CBS FLORIDA XPECTED COPAY:			[redacted] .00	SELF / SPOUSE / CHILD / OTHER

BALANCE DUE

FOLLOW-UP

☐ Abdominal Aortic Duplex__________
☐ Echo w/Color Flow & Doppler__________
☐ Carotid Duplex Imaging__________
☐ Lower Arterial Flo Lab w/o Exercise__________
☐ Lower Arterial Flo Lab w/ Exercise__________
☐ Lower Arterial Duplex Imaging__________
☐ Lower Venous Duplex Imaging__________
☐ Renal Duplex Imaging__________
☐ Adenosine Stress__________
☐ Dobutamine Stress__________
☐ Exercise Stress__________
☐ Resting Spect EF__________
☐ Anticoagulation Clinic__________
☐ CBC with Diff__________
☐ Chem 7__________
☐ Statin Panel__________
☐ TSH, T3, T4__________
☐ Holter/Event Monitor__________
☐ Pacer/AICD Check__________
☐ Pacemaker Insertion__________
☐ OV__________
☐ Test Results__________
☐ Other__________

NEXT APPOINTMENT:

Days ________ Weeks ________ Months ________

[redacted]

Telephone: [redacted]

OFFICE VISITS				FEE
NEW	EST	CONSULTS		
99201	☐ 99211	☐ 99241	Level 1	
99202	☐ 99212	☐ 99242	Level 2	
99203	☐ 99213	☐ 99243	Level 3	
99204	☐ 99214	☐ 99244	Level 4	
99205	☐ 99215	☐ 99245	Level 5	
	☐ 99024	Post Op Visit		
	☐ 99354	Prolonged OV		
58446	E-RX attempt-Unable			
58443	E-RX's done			
58445	No RX's needed			

DIAGNOSTIC

CPT	✓	ECHO / TEE	FEE
06		Echo	
20		Cardiac Doppler	
25		Doppler Color Flow	

		EKG	
00		EKG w/report	
78		Signal Avg EKG	
40		Rhythm Strip	

		HOLTER / EVENT MONITOR	
24		Holter Monitor	
70		Hook up Loop Monitor	
72		Interp Loop Monitor	
14		Interp Non Loop Monitor	

CPT	✓	PACEMAKER / AICD	FEE
93288		Pacemaker Eval & Report	
93279		Pacemaker Reprog - Single	
93280		Pacemaker Reprog - Double	
93289		ICD Eval & Report	
93282		ICD Single Reprogramming	
93283		ICD Dual Reprogramming	
93293		TIM Check	
93281		Initial PR Pacer	
93284		Initial PR ICD	

		VASCULAR / ULTRASOUND	
93880		Carotid Duplex	
93882		Carotid limited/unilat	
93922		UEA/LEA single level	
93923		UEA/LEA multiple level	
93924		UEA/LEA w/ exercise	
93925		Duplex Arterial lower	
93926		Duplex limited/unilat	
93978		Duplex Aorta iliac	
93979		Duplex Aorta limited unilat	
93970		Duplex Venous	
93971		Duplex Venous limited/unilat	
93978		Duplex Venacava iliac	
93965		Quant Venous Flow Studies	
93930		Duplex Arterial Upper	
93975		Duplex Renal	
93976		Renal Ultrasound (No Duplex)	
76705		Limited Abdominal Ultrasound	

CPT	✓	NUCLEAR	FEE
93015		Exercise Treadmill	
78465		Spect Camera	
78478		Gated Study	
78480		Gated Ejection Fraction	
78472		Cardiac Blood Pool Rest	
78496		Cardiac Blood Pool Single	
A9500		Cardiolite	
A9502		Myoview	
A9595		Thallium	
J1250		Dobutamine	
J0152		Adenosine	
A9580		Tech RBC's-Muga	

		MISCELLANEOUS	
J0460		Atropine	
J3490L		Lopressor	
93784		24 Hr Blood Pressure	
94760		Pulse Ox	

		BLOODWORK / LABS	
85610		Protime	
83721		Direct LDL	
80061		Lipid Profile	
84460		AST/ALT	
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☐ Ventricular Premature Contractions	427.69
☐ Ventricular Tachycardia	427.1
☐ Vertebral Syndrome	435.1
☐ Wolf Parkinson White Disease	426.7
☐ Other Diagnosis: ______	

DATE: 01/28/09 TIME: 9:00A PATIENT: [redacted] J.L. REASON: 1 YEAR RETURN

PRIOR BALANCE .00

TICKET NO. [redacted] DR.# DOCTOR [redacted] LOCATION [redacted] D.O.B. [redacted]

PATIENT NO. RESPONSIBLE PARTY [redacted] PH# REFERRING DR.

M F ADDRESS [redacted] CITY/STATE [redacted] ZIP CODE [redacted]

TODAY'S CHARGE

ADJUSTMENTS

OVER 90	OVER 60	OVER 30	CURRENT	TOTAL DUE	PT	BC	CS	PAY CHOICE
				.00				

TODAYS PAYMENTS

INSURANCE COMPANY: MEDICARE PART B / BS FLORIDA / EXPECTED COPAY:

BA SCT POLICY I.D. [redacted] .00

RELATIONSHIP TO INSURED: SELF / SPOUSE / CHILD / OTHER

BALANCE DUE

FOLLOW-UP

- ☐ Abdominal Aortic Duplex______
- ☐ Echo w/Color Flow & Doppler______
- ☐ Carotid Duplex Imaging______
- ☐ Lower Arterial Flo Lab w/o Exercise______
- ☐ Lower Arterial Flo Lab w/ Exercise______
- ☐ Lower Arterial Duplex Imaging______
- ☐ Lower Venous Duplex Imaging______
- ☐ Renal Duplex Imaging______
- ☐ Adenosine Stress______
- ☐ Dobutamine Stress______
- ☐ Exercise Stress______
- ☐ Resting Spect EF______
- ☐ Anticoagulation Clinic______
- ☐ CBC with Diff______
- ☐ Chem 7______
- ☐ Statin Panel______
- ☐ TSH, T3, T4______
- ☐ Holter/Event Monitor______
- ☐ Pacer/AICD Check______
- ☐ Pacemaker Insertion______
- ☐ OV______
- ☐ Test Results______
- ☐ Other______

NEXT APPOINTMENT:

Days ______ Weeks ______ Months ______

IB/5201043 (1/12/2009)

ALLSCRIPTS (888) 633-3678

PO# 827543 JOB# 69591

HEART & VASCULAR CENTER OF BRADENTON

2101 61st Street West
Bradenton, FL 34209
(941) 761-4448 Fax (941) 761-0235
Billing Inquiries (941) 379-7872
ID #65-1094378

Robert J. Subbiondo, MD, FACC
Joseph N. Pace, MD, FACC
Joseph M. Branconi, MD, FACC
Laura Webb, PA-C
Kimberly French, ARNP
Carol (Kelly) Harrington, ARNP

CODE	DIAGNOSIS
I441.2	Thoracic Aneurysm w/o Rupture
I441.4	Abdom Aortic Aneurysm
I794.31	Abnormal EKG
I794.30	Abnormal Function Study
I410	Acute Myocardial Inf Wall ____
I413.9	Angina Pectoris
I395.0	Aortic Stenosis Rheumatic
I395.1	Aortic Valve Insufficiency
I395.9	Aortic Valve Disorder (Non-Rheumatic)
I424.1	Aortic Valve Disorder
I427.9	Arrhythmia/Cardiac Dysrhythmia
I440.8	Atherosc. Lwr Ext Art
I427.31	Atrial Fibrillation
I427.32	Atrial Flutter
I426.0	Atrioventricular Block-Complete
I427.89	Bradycardia
I426.13	2° AV BLK I
I426.12	2° AV BLK II
I942.0	Cardiac Rhythm Regulators
I942.1	Cardiotonic Glycosides & Drugs
I785.9	Carotid Bruit

CODE	DIAGNOSIS
☐ 433.10	Carotid Occlusion
☐ 433.11	Cerebrovascular Disease
☐ 786.50	Chest Pain
☐ 428.0	Congestive Heart Failure
☐ 496	COPD
☐ 414.00	CAD, unsp.
☐ 414.01	CAD, Native
☐ 414.02	CAD, Auto Bypass
☐ 790.92	Coumadin Therapy
☐ 780.4	Dizziness
☐ 250.00	DM-Adult Onset
☐ 250.01	DM-Insulin Dependent
☐ 451.11	DVT Femoral Vein
☐ 451.19	DVT Pop. Tibial
☐ 785.2	Heart Murmur
☐ 401.9	Hypertension
☐ 458.9	Hypotension
☐ 272.0	Hypercholesterolemia
☐ 272.4	Hypertglcdemia
☐ 396.9	Mitral/Aortic Valve Dis.
☐ 394.0	Mitral Stenosis
☐ 394.1	Mitral Valve Insufficiency

CODE	DIAGNOSIS
☐ 424.0	Mitral Valve Disorder
☐ 412	Old MI
☐ 780.79	Other Malaise + Fatigue
☐ 785.1	Palpitations
☐ 443.9	Peripheral Vascular Disease
☐ 281.0	Pernicious Anemia
☐ 442.3	Pseudoaneurysm - LE
☐ 414.06	Coronary Atherosclerosis of Coronary Artery of Transp. Heart
☐ 428.0	Congestive Heart Failure Unspecified
☐ 414.12	Dissection of Coronary Artery
☐ 428.20	Unspecified Systolic Heart Failure
☐ 428.21	Acute Systolic Heart Failure
☐ 428.22	Chronic Systolic Heart Failure
☐ 428.31	Acute Diastolic Heart Failure
☐ 428.32	Chronic Diastolic Heart Failure
☐ 428.40	Unspec. Comb. Systolic & Diastolic Heart Failure
☐ 415.19	Pulmonary Embolism
☐ 398.90	Rheumatic Heart Disease
☐ 402.10	Hypertensive Heart
☐ 414.8	Ischemic Heart Disease
☐ 425.4	Cardiomyopathy
☐ 440.21	Atherosclerosis w/Claudication

CODE	DIAGNOSIS
☐ 440.22	Atherosclerosis w/Rest Pain
☐ 593.81	Renal Artery Stenosis
☐ 729.81	Edema-Lower Extremity
☐ 729.5	Pain-Lower Extremity
☐ 745.5	Atrial Septal Defect
☐ 746.4	Bicuspid Aortic Valve
☐ 747.0	Patent Ductus Arteriosus
☐ 416.9	Chronic Pulmonary Heart Dis.
☐ 786.05	Shortness of Breath
☐ 427.81	Sinoatrial Node Dysfunction SSS
☐ V45.81	S/P CABG/Bypass
☐ 451.0	Superficial Veins Thrombophlebitis
☐ 780.2	Syncope
☐ 427.0	Tachycardia, Paroxysmal Supra Vent.
☐ 427.1	Tachycardia, Ventricular, Paroxysmal
☐ 427.41	Tachycardia, Vent. FIB
☐ 427.42	Tachycardia, Vent. Flutter
☐ 435.9	Transient Cerebral Ischemia
☐ 397.0	Tricuspid Valve Disease
☐ 424.2	Tricuspid Insuf.
☐ 411.1	Unstable AP
☐ 444.21	Upper Extremity Occlusion
☐ V43.3	Valve Replacement
☐ 454	Varicose Veins Lwr Ext Specify ____
☐ 593.81	Vascular Disorder of Kidney, Renal Artery Thrombosis
☐ 459.81	Venous Insuff.
☐ 453.8	Venous Thrombosis Upper Ext
☐ 796.2	White Coat Hypertension
☐ 426.7	Wolff-Parkinson-White Disease
☐ V72.81	Pre Op Cardiovascular Exam
☐ V45.82	S/P Stent
☐ V45.1	Renal Dialysis Status
☐ 996.73	Complication of Renal Dialysis Device

NEXT APPT.	WHEN
☐	OV
☐	Test Results
☐	ARNP/PA
☐	Spect Cardiolite
☐	Adenosine Cardiolite
☐	Dobutamine Stress
☐	Muga Scan
☐	Regular Stress
☐	Echo w/Color/Doppler
☐	Echo Limited
☐	Stress Echo
☐	Carotid Duplex
☐	LEA/PVR/ABI
☐	Lower Venous
☐	Renal Duplex
☐	Aorta
☐	Dialysis Graft
☐	Holter
☐	Event Monitor
☐	Pacer Check
☐	ICD Check
☐	EKG
☐	Blood Pressure Check
☐	ICG
☐	Lipid Clinic
☐	Cardiac Rehab
☐	Coumadin Clinic
☐	Education
☐	EECP
☐	Laser Venous
☐	Cholesterol Check

OFFICE VISITS	NEW	✓	ESTABLISHED	FEE
99201	Level I		99211 Level I	
99202	Level II		99212 Level II	
99203	Level III		99213 Level III	
99204	Level IV		99214 Level IV	
99205	Level V		99215 Level V	
99024	Post Op Visit			

CONSULTATIONS		FEE
99241	Level I	
99242	Level II	
99243	Level III	
99244	Level IV	
99245	Level V	

DESCRIPTION		FEE
93224	Holter Monitor	
93000	EKG with Report	
93278	Signal Avg. EKG	
93040	Rhythm Strip	
93734	Pacemaker Evaluation & Report-Sin	
93731	Pacemaker Evaluation & Report-Dou	
93735	Pacemaker Reprogram-Single	
93732	Pacemaker Reprogram-Double	
93741	ICD Single Eval & Report	
93742	ICD Single Reprogram	
93743	ICD Dual Eval & Report	
93744	ICD Dual Reprogram	
93727	Elec. Analysis Implantible Loop Records	
J0280	Aminophylline	
90659	Flu Shot	
G0008	Administration Influenza	
93270	Hook up Loop Monitor	
93272	Interp Loop Monitor	
93014	Interp Non Loop Monitor	
G0001	Venipuncture	
85610	Protime	
J1940	IV Lasix 20mg	
J3420	B-12 Injection	
J0460	Atropine	

✓	CODE	NONINVASIVE PROCEDURES	FEE
	90782	Therapeutic Injection	
	78481	Rest RNA/First Pass	
	93015	Exercise Stress Test	
	78478	Myocardial Perfusion	
	78465	Tomographic Spect Multiple	
	78480	Perfusion Study w/Elec Frac	
	A9500x2	Cardiolite per dose	
	J1245	Persantine	
	J1250x1	Dobutamine	
	J0151	Adenosine	
	W4132x1	MUGA	
	78472	MUGA	
	93307	Echocardiogram 2D & M Mode	
	93320	Cardiac Doppler	
	93233	Holter Physician Review & Int.	
	93321	Cardiac Doppler Limited	
	93325	Cardiac Doppler Color Flow	
	93350	Echo w/Exercise (93015)	
	93308	Echo Limited	
	93701	Bio-Z 1 or 2	
	93880	Carotid Imaging, Real Time	
	93922	Lwr Art BP-ABI	
	93923	Up/Lwr Art BP PVR/Rest	
	93924	Up/Lwr Art BP PVR/Exercise	
	93925	Lower Arterial Imaging	
	93926	Limited Arterial Imaging	
	93930	Upper Arterial Imaging	
	93965	Lower Ext Venous CW, PPG	
	93970	Lower Venous Imaging	
	93971	Upper Venous Imaging	
	93975	Renal Duplex	
	93978	Aorta-Iliac Ultrasound	
	93784	24° BP Monitor	
	J7051	Saline 5cc	
	36415	Fingerstick/Venipuncture	
	84460	Lipid Profile	
	83036	HbA1c	

DATE	TIME	PATIENT	REASON
07/27/10	1.00	C.C. [redacted]	PC/3NOS/300/300

PRIOR BALANCE
PAT 0.00
INS 0.00

TICKET NO.	DR.#	DOCTOR	LOCATION	D.O.B.
	330119	728 PACER/AICD	HVCB PACER AICD	[redacted]

TODAY'S CHARGE

PATIENT NO.	RESPONSIBLE PARTY	PH#	REFERRING DR.
	279418 [redacted]	[redacted]	NANUSA

ADJUSTMENTS

M	F	ADDRESS	CITY/STATE	ZIP CODE
		X [redacted]	[redacted]	[redacted]

CAP	OVER 90	OVER 60	OVER 30	CURRENT	TOTAL DUE	PT	BC	CS	PAY CHOICE
	0.00	0.00	0.00	0.00	0.00		5	1	0

TODAY'S PAYMENT

INSURANCE COMPANY	BA	SCT	POLICY I.D.	RELATIONSHIP TO INSURED
MEDICARE PART B		Y	I [redacted]	
BCBS GOVTWIDE SERVIC		Y	I [redacted]	
SSN # [redacted]				SELF / SPOUSE / CHILD / OTHER

BALANCE DUE

I hereby authorize my insurance benefits to be paid directly to the above signed physician, realizing I am responsible to pay non-covered services and hereby authorize the release of pertinent medical information to insurance carriers.

Patient Signature

PATIENT INFORMATION

EXHIBIT 9

	Medications	Date	Size	Co	Frequen	Refill
1.	SYNTHROID	112100	100MCG		QD	JF
2.	ASA	112100	81MG		QD	JF
3.	VALIUM	112100	5MG		PRN	JF
4.	NTG	060701	.4MG		PRN	LK
5.	LASIX	011403	20MG		QOD	ROE
6.	WELCHOL	111303	625MG		2BID	SH
7.	PROTEGRA	111303			QD	SH
8.	ZOCOR	011404	80MG		QHS	ROE
9.	FOLIX	011404			2QD	ROE
10.	DIOVAN	011404	80MG		1QD	ROE

HEART & VASCULAR CENTER OF BRADENTON

2101 61st Street West
Bradenton, FL 34209
(941) 761-4448 Fax (941) 761-0235
Billing Inquiries (941) 379-7872
ID #65-1094378

Robert J. Subbiondo, MD, FACC
Joseph N. Pace, MD, FACC
Joseph M. Branconi, MD, FACC
Laura Webb, PA-C
Kimberly French, ARNP
Carol (Kelly) Harrington, ARNP

CODE	DIAGNOSIS
441.2	Thoracic Aneurysm w/o Rupture
441.4	Abdom Aortic Aneurysm
794.31	Abnormal EKG
794.30	Abnormal Function Study
410	Acute Myocardial Inf Wall ___
413.9	Angina Pectoris
395.0	Aortic Stenosis Rheumatic
395.1	Aortic Valve Insufficiency
395.9	Aortic Valve Disorder (Non-Rheumatic)
424.1	Aortic Valve Disorder
427.9	Arrhythmia/Cardiac Dysrhythmia
440.8	Atheroscl. Lwr Ext Art
427.31	Atrial Fibrillation
427.32	Atrial Flutter
426.0	Atrioventricular Block-Complete
427.89	Bradycardia
426.13	2° AV BLK I
426.12	2° AV BLK II
E942.0	Cardiac Rhythm Regulators
E942.1	Cardiotonic Glycosides & Drugs
765.9	Carotid Bruit

CODE	DIAGNOSIS
433.10	Carotid Occlusion
433.11	Cerebrovascular Disease
786.50	Chest Pain
428.0	Congestive Heart Failure
496	COPD
414.00	CAD, unsp.
414.01	CAD, Native
414.02	CAD, Auto Bypass
790.92	Coumadin Therapy
780.4	Dizziness
250.00	DM-Adult Onset
250.01	DM-Insulin Dependent
451.11	DVT Femoral Vein
451.19	DVT Pop. Tibial
785.2	Heart Murmur
401.9	Hypertension
458.9	Hypotension
272.0	Hypercholesterolemia
272.4	Hyperlipidemia
396.9	Mitral/Aortic Valve Dis.
394.0	Mitral Stenosis
394.1	Mitral Valve Insufficiency

CODE	DIAGNOSIS
424.0	Mitral Valve Disorder
412	Old MI
780.79	Other Malaise + Fatigue
785.1	Palpitations
443.9	Peripheral Vascular Disease
281.0	Pernicious Anemia
442.3	Pseudoaneurysm – LE
414.06	Coronary Atherosclerosis of Coronary Artery of Transp. Heart
428.0	Congestive Heart Failure Unspecified
414.12	Dissection of Coronary Artery
428.20	Unspecified Systolic Heart Failure
428.21	Acute Systolic Heart Failure
428.22	Chronic Systolic Heart Failure
428.31	Acute Diastolic Heart Failure
428.32	Chronic Diastolic Heart Failure
428.40	Unspec. Comb. Systolic & Diastolic Heart Failure
415.19	Pulmonary Embolism
398.90	Rheumatic Heart Disease
402.10	Hypertensive Heart
414.8	Ischemic Heart Disease
425.4	Cardiomyopathy
440.21	Atherosclerosis w/Claudication

CODE	DIAGNOSIS
440.22	Atherosclerosis w/Rest Pain
593.81	Renal Artery Stenosis
729.81	Edema–Lower Extremity
729.5	Pain–Lower Extremity
745.5	Atrial Septal Defect
746.4	Bicuspid Aortic Valve
747.0	Patent Ductus Arteriosus
416.9	Chronic Pulmonary Heart Dis.
786.05	Shortness of Breath
427.81	Sinoatrial Node Dysfunction SSS
V45.81	S/P CABG/Bypass
451.0	Superficial Veins Thrombophlebitis
780.2	Syncope
427.0	Tachycardia, Paroxysmal Supra Vent.
427.1	Tachycardia, Ventricular, Paroxysmal
427.41	Tachycardia, Vent. FIB
427.42	Tachycardia, Vent. Flutter
435.9	Transient Cerebral Ischemia
397.0	Tricuspid Valve Disease
424.2	Tricuspid Insuf.
411.1	Unstable AP
444.21	Upper Extremity Occlusion
V43.3	Valve Replacement
454	Varicose Veins Lwr Ext
	Specify ______
593.81	Vascular Disorder of Kidney, Renal Artery Thrombosis
459.81	Venous Insuff.
453.8	Venous Thrombosis Upper Ext
796.2	White Coat Hypertension
426.7	Wolff-Parkinson-White Disease
V72.81	Pre Op Cardiovascular
V45.82	S/P Stent
V45.1	Renal Dialysis Status
996.73	Complication of Renal Dialysis Device

NEXT APPT.	WHEN
OV	
Test Results	
ARNP/PA	
Spect Cardiolite	
Adenosine Cardiolite	
Dobutamine Stress	
Muga Scan	
Regular Stress	
Echo w/Color/Doppler	
Echo Limited	
Stress Echo	
Carotid Duplex	
LEA/PVR/ABI	
Lower Venous	
Renal Duplex	
Aorta	
Dialysis Graft	
Holter	
Event Monitor	
Pacer Check	
ICD Check	
EKG	
Blood Pressure Check	
ICG	
Lipid Clinic	
Cardiac Rehab	
Coumadin Clinic	
Education	
EECP	
Laser Venous	
Cholesterol Check	
Home Pacer Check	

[illegible] OR [illegible] DUAL C 060506
[illegible] VAL OF [illegible] PACER; 060506

OFFICE VISITS

NEW		✓	ESTABLISHED		FEE
99201	Level I		99211	Level I	
99202	Level II		99212	Level II	
99203	Level III		99213	Level III	
99204	Level IV		99214	Level IV	
99205	Level V		99215	Level V	
99024	Post Op Visit				

CONSULTATIONS

		FEE
99241	Level I	
99242	Level II	
99243	Level III	
99244	Level IV	
99245	Level V	

DESCRIPTION

		FEE
93224	Holter Monitor	
93000	EKG with Report	
93278	Signal Avg. EKG	
93040	Rhythm Strip	
93734	Pacemaker Evaluation & Report-Sin	
93731	Pacemaker Evaluation & Report-Dou	
93735	Pacemaker Reprogram-Single	
93732	Pacemaker Reprogram-Double	
93741	ICD Single Eval & Report	
93742	ICD Single Reprogram	
93743	ICD Dual Eval & Report	
93744	ICD Dual Reprogram	
93727	Elec. Analysis Implantable Loop Records	
J0280	Aminophylline	
90659	Flu Shot	
G0008	Administration Influenza	
93270	Hook up Loop Monitor	
93272	Interp Loop Monitor	
93014	Interp Non Loop Monitor	
G0001	Venipuncture	
85610	Protime	
J1940	IV Lasix 20mg	
J3420	B-12 Injection	
J0460	Atropine	

NONINVASIVE PROCEDURES

✓	CODE	NONINVASIVE PROCEDURES	FEE
	90782	Therapeutic Injection	
	78481	Rest RNA/First Pass	
	93015	Exercise Stress Test	
	78478	Myocardial Perfusion	
	78465	Tomographic Spect Multiple	
	78480	Perfusion Study w/Ejec Frac	
	A9500x2	Cardiolite per dose	
	J1245	Persantine	
	J1250x1	Dobutamine	
	J0151	Adenosine	
	W4132x1	MUGA	
	78472	MUGA	
	93307	Echocardiogram 2D & M Mode	
	93320	Cardiac Doppler	
	93233	Holter Physician Review & Int	
	93321	Cardiac Doppler Limited	
	93325	Cardiac Doppler Color Flow	
	93350	Echo w/Exercise (93015)	
	93308	Echo Limited	
	93701	Bio-Z 1 of 2	
	93880	Carotid Imaging, Real Time	
	93922	Lwr Art BP-ABI	
	93923	Up/Lwr Art BP PVR/Rest	
	93924	Up/Lwr Art BP PVR/Exercise	
	93925	Lower Arterial Imaging	
	93926	Limited Arterial Imaging	
	93930	Upper Arterial Imaging	
	93965	Lower Ext Venous CW, PPG	
	93970	Lower Venous Imaging	
	93971	Upper Venous Imaging	
	93975	Renal Duplex	
	93978	Aorta-iliac Ultrasound	
	93784	24° BP Monitor	
	J7051	Saline 5cc	
	36415	Fingerstick/Venipuncture	
	84460	Lipid Profile	
	83036	HbA1c	

PATIENT INFORMATION:

DATE: 07/27/10 TIME: 2.00 PATIENT: M. W. [redacted] REASON: PC/340/302

PRIOR BALANCE: PAT 0.00 INS 237.00

TICKET NO.: 336459 DR.#: 728 DOCTOR: PACER/AICD LOCATION: HVCB PACER AICD D.O.B.: [redacted]

TODAY'S CHARGE:

PATIENT NO.: 286715 RESPONSIBLE PARTY: [redacted] PH#: [redacted] REFERRING DR.: KOSER MD

ADJUSTMENTS:

M | F | ADDRESS: X [redacted] CITY/STATE: [redacted] ZIP CODE: [redacted]

Ap	OVER 90	OVER 60	OVER 30	CURRENT	TOTAL DUE	PT	BC	CS	PAY CHOICE
	0.00	0.00	0.00	237.00	237.00		5	4	0

TODAY'S PAYMENT:

INSURANCE COMPANY	BA	SCT	POLICY I.D.
MEDICARE PART B		Y	I [redacted]
BCBS OUT OF STATE		Y	I [redacted]
SSN # [redacted]			

RELATIONSHIP TO INSURED: SELF | SPOUSE | CHILD X | OTHER

BALANCE DUE

#	Medications	Date	Size	Co	Frequen.	Refill
1.	VITAMIN E	122700			QD	HMP
2.	ZANTAC	092501	150MG		BID	QD
3.	THYROID	092501	130MG		QD	BJ
4.	COUMADIN	112102			ASD	LK
5.	BACTRIM	122302	400MG		1QD	MF
6.	LASIX	031003			PRN	RS
7.	ASA	031003			PRN	RS
8.	CALCIUM	031003	500 MG		2 QAM	RS
9.	CARDIZEM	031704	180 MG		QD	90X3/T
10.	AMIODARONE	102504	100MG		QD	90X3/T

I hereby authorize my insurance benefits to be paid directly to the above signed physician, realizing I am responsible to pay non-covered services and hereby authorize the release of pertinent medical information to insurance carriers.

____
Patient Signature

HEART & VASCULAR CENTER OF BRADENTON

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CODE	DIAGNOSIS
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395.1	Aortic Valve Insufficiency
395.9	Aortic Valve Disorder (Non-Rheumatic)
424.1	Aortic Valve Disorder
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440.8	Atheroscl. Lwr Ext Art
427.31	Atrial Fibrillation
427.32	Atrial Flutter
426.0	Atrioventricular Block-Complete
427.89	Bradycardia
426.13	2° AV BLK I
426.12	2° AV BLK II
E942.0	Cardiac Rhythm Regulators
E942.1	Cardiotonic Glycosides & Drugs
785.9	Carotid Bruit

CODE	DIAGNOSIS
433.10	Carotid Occlusion
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786.50	Chest Pain
428.0	Congestive Heart Failure
496	COPD
414.00	CAD, unsp.
414.01	CAD, Native
414.02	CAD, Auto Bypass
790.92	Coumadin Therapy
780.4	Dizziness
250.00	DM-Adult Onset
250.01	DM-Insulin Dependent
451.11	DVT Femoral Vein
451.19	DVT Pop. Tibial
785.2	Heart Murmur
401.9	Hypertension
458.9	Hypotension
272.0	Hypercholesterolemia
272.4	Hyperlipidemia
396.9	Mitral/Aortic Valve Dis.
394.0	Mitral Stenosis
394.1	Mitral Valve Insufficiency

CODE	DIAGNOSIS
424.0	Mitral Valve Disorder
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402.10	Hypertensive Heart
414.8	Ischemic Heart Disease
425.4	Cardiomyopathy
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CODE	DIAGNOSIS
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729.81	Edema-Lower Extremity
729.5	Pain-Lower Extremity
745.5	Atrial Septal Defect
746.4	Bicuspid Aortic Valve
747.0	Patent Ductus Arteriosus
416.9	Chronic Pulmonary Heart Dis.
786.05	Shortness of Breath
427.81	Sinoatrial Node Dysfunction SSS
V45.81	S/P CABG/Bypass
451.0	Superficial Veins Thrombophlebitis
780.2	Syncope
427.0	Tachycardia, Paroxysmal Supra Vent.
427.1	Tachycardia, Ventricular, Paroxysmal
427.41	Tachycardia, Vent. FIB
427.42	Tachycardia, Vent. Flutter
435.9	Transient Cerebral Ischemia
397.0	Tricuspid Valve Disease
424.2	Tricuspid Insuf.
411.1	Unstable AP
444.21	Upper Extremity Occlusion
V43.3	Valve Replacement
454	Varicose Veins Lwr Ext
	Specify
593.81	Vascular Disorder of Kidney, Renal Artery Thrombosis
459.81	Venous Insufl.
453.8	Venous Thrombosis Upper Ext
796.2	White Coat Hypertension
426.7	Wolff-Parkinson-White Disease
V72.81	Pre Op Cardiovascular
V45.82	S/P Stent
V45.1	Renal Dialysis Status
996.73	Complication of Renal Dialysis Device

NEXT APPT. WHEN

- ☐ OV
- ☐ Test Results
- ☐ ARNP/PA
- ☐ Spect Cardiolite
- ☐ Adenosine Cardiolite
- ☐ Dobutamine Stress
- ☐ Muga Scan
- ☐ Regular Stress
- ☐ Echo w/Color/Doppler
- ☐ Echo Limited
- ☐ Stress Echo
- ☐ Carotid Duplex
- ☐ LE A/PVR/ABI
- ☐ Lower Venous
- ☐ Renal Duplex
- ☐ Aorta
- ☐ Dialysis Graft
- ☐ Holter
- ☐ Event Monitor
- ☐ Pacer Check
- ☐ ICD Check
- ☐ EKG
- ☐ Blood Pressure Check
- ☐ ICG
- ☐ Lipid Clinic
- ☐ Cardiac Rehab
- ☐ Coumadin Clinic
- ☐ Education
- ☐ EECP
- ☐ Laser Venous
- ☐ Cholesterol Check DeVRIESE PACE 082204
- ☐ HbA1c Check

OFFICE VISITS

NEW		✓	ESTABLISHED		FEE
99201	Level I		99211	Level I	
99202	Level II		99212	Level II	
99203	Level III		99213	Level III	
99204	Level IV		99214	Level IV	
99205	Level V		99215	Level V	
99024	Post Op Visit				

CONSULTATIONS

99241	Level I	
99242	Level II	
99243	Level III	
99244	Level IV	
99245	Level V	

DESCRIPTION

93224	Holter Monitor	
93000	EKG with Report	
93278	Signal Avg. EKG	
93040	Rhythm Strip	
93734	Pacemaker Evaluation & Report-Sin	
93731	Pacemaker Evaluation & Report-Dou	
93735	Pacemaker Reprogram-Single	
93732	Pacemaker Reprogram-Double	
93741	ICD Single Eval & Report	
93742	ICD Single Reprogram	
93743	ICD Dual Eval & Report	
93744	ICD Dual Reprogram	
93727	Elec. Analysis Implantible Loop Records	
J0280	Aminophylline	
90659	Flu Shot	
G0008	Administration Influenza	
93270	Hook up Loop Monitor	
93272	Interp Loop Monitor	
93014	Interp Non Loop Monitor	
G0001	Venipuncture	
85610	Protime	
J1940	IV Lasix 20mg	
J3420	B-12 Injection	
J0460	Atropine	

✓	CODE	NONINVASIVE PROCEDURES	FEE
	90782	Therapeutic Injection	
	78481	Rest RNA/First Pass	
	93015	Exercise Stress Test	
	78478	Myocardial Perfusion	
	78465	Tomographic Spect Multiple	
	78480	Perfusion Study w/Ejec Frac	
	A9500x2	Cardiolite per dose	
	J1245	Persantine	
	J1250x1	Dobutamine	
	J0151	Adenosine	
	W4132x1	MUGA	
	78472	MUGA	
	93307	Echocardiogram 2D & M Mode	
	93320	Cardiac Doppler	
	93233	Holter Physician Review & Int.	
	93321	Cardiac Doppler Limited	
	93325	Cardiac Doppler Color Flow	
	93350	Echo w/Exercise (93015)	
	93308	Echo Limited	
	93701	Bio-Z 1 or 2	
	93880	Carotid Imaging, Real Time	
	93922	Lwr Art BP-ABI	
	93923	Up/Lwr Art BP PVR/Rest	
	93924	Up/Lwr Art BP PVR/Exercise	
	93925	Lower Arterial Imaging	
	93926	Limited Arterial Imaging	
	93930	Upper Arterial Imaging	
	93965	Lower Ext Venous CW PPG	
	93970	Lower Venous Imaging	
	93971	Upper Venous Imaging	
	93975	Renal Duplex	
	93978	Aorta-iliac Ultrasound	
	93784	24° BP Monitor	
	J7051	Saline 5cc	
	36415	Fingerstick/Venipuncture	
	84460	Lipid Profile	
	83036	HbA1c	

PATIENT INFORMATION

[signature]

Medications Date Size to Frequen Refill

DATE TIME PATIENT E.T. REASON

07/27/10 1.30 [redacted] PC/3A05/300/330

PRIOR BALANCE 42.36- 0.00

TICKET NO. DR.# DOCTOR LOCATION D.O.B. TODAY'S CHARGE
330096 728 PACER/AICD HVCB PACER AICD [redacted]

PATIENT NO. RESPONSIBLE PARTY PH# 94 REFERRING DR. ADJUSTMENTS
351977 [redacted] [redacted] KOSFELD MD

M F ADDRESS CITY/STATE ZIP CODE
X [redacted]

OVER 90	OVER 60	OVER 30	CURRENT	TOTAL DUE	PT	BC	CS	PAY CHOICE	TODAY'S PAYMENT
0.00	42.36-	0.00	0.00	42.36-		5	4	0	

INSURANCE COMPANY	BA	SCT	POLICY I.D.	RELATIONSHIP TO INSURED
MEDICARE PART B		Y	I [redacted]	SELF / SPOUSE / CHILD / OTHER
AMERICAN PIONEER [illegible] LIF		Y	I [redacted]	

SSN # [redacted]

BALANCE DUE

I hereby authorize my insurance benefits to be paid directly to the above signed physician, realizing I am responsible to pay non-covered services and hereby authorize the release of pertinent medical information to insurance carriers.

Patient Signature

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CODE	DIAGNOSIS	CODE	DIAGNOSIS	CODE	DIAGNOSIS	CODE	DIAGNOSIS	NEXT APPT.
441.2	Thoracic Aneurysm w/o Rupture	433.10	Carotid Occlusion	424.0	Mitral Valve Disorder	440.22	Atherosclerosis w/Rest Pain	OV
441.4	Abdom Aortic Aneurysm	433.11	Cerebrovascular Disease	412	Old MI	593.81	Renal Artery Stenosis	Test Results
794.31	Abnormal EKG	786.50	Chest Pain	780.79	Other Malaise + Fatigue	729.81	Edema-Lower Extremity	ARNP/PA
794.30	Abnormal Function Study	428.0	Congestive Heart Failure	785.1	Palpitations	729.5	Pain-Lower Extremity	Spect Cardiolite
410	Acute Myocardial Inf Wall	496	COPD	443.9	Peripheral Vascular Disease	745.5	Atrial Septal Defect	Adenosine Cardiolite
413.9	Angina Pectoris	414.00	CAD, unsp.	281.0	Pernicious Anemia	746.4	Bicuspid Aortic Valve	Dobutamine Stress
395.0	Aortic Stenosis Rheumatic	414.01	CAD, Native	442.3	Pseudoaneurysm – LE	747.0	Patent Ductus Arteriosus	Muga Scan
395.1	Aortic Valve Insufficiency	414.02	CAD, Auto Bypass	414.06	Coronary Atherosclerosis of Coronary Artery of Transp. Heart	416.9	Chronic Pulmonary Heart Dis.	Regular Stress
395.9	Aortic Valve Disorder (Non-Rheumatic)	790.92	Coumadin Therapy	428.0	Congestive Heart Failure Unspecified	786.05	Shortness of Breath	Echo w/Color/Doppler
424.1	Aortic Valve Disorder	780.4	Dizziness	414.12	Dissection of Coronary Artery	427.81	Sinoatrial Node Dysfunction SSS	Echo Limited
427.9	Arrhythmia/Cardiac Dysrhythmia	250.00	DM-Adult Onset	428.20	Unspecified Systolic Heart Failure	V45.81	S/P CABG/Bypass	Stress Echo
440.8	Atherosel. Lwr Ext Art	250.01	DM-Insulin Dependent	428.21	Acute Systolic Heart Failure	451.0	Superficial Veins Thrombophlebitis	Carotid Duplex
427.31	Atrial Fibrillation	451.11	DVT Femoral Vein	428.22	Chronic Systolic Heart Failure	780.2	Syncope	LEA/PVR/ABI
427.32	Atrial Flutter	451.19	DVT Pop, Tibial	428.31	Acute Diastolic Heart Failure	427.0	Tachycardia, Paroxysmal Supra Vent.	Lower Venous
426.0	Atrioventricular Block-Complete	785.2	Heart Murmur	428.32	Chronic Diastolic Heart Failure	427.1	Tachycardia, Ventricular, Paroxysmal	Renal Duplex
427.89	Bradycardia	401.9	Hypertension	428.40	Unspec. Comb. Systolic & Diastolic Heart Failure	427.41	Tachycardia, Vent. Fib	Aorta
426.13	2° AV BLK I	458.9	Hypotension	415.19	Pulmonary Embolism	427.42	Tachycardia, Vent. Flutter	Dialysis Graft
426.12	2° AV BLK II	272.0	Hypercholesterolemia	398.90	Rheumatic Heart Disease	435.9	Transient Cerebral Ischemia	Holter
E942.0	Cardiac Rhythm Regulators	272.4	Hyperlipidemia	402.10	Hypertensive Heart	397.0	Tricuspid Valve Disease	Event Monitor
E942.1	Cardiotonic Glycosides & Drugs	396.9	Mitral/Aortic Valve Dis.	414.8	Ischemic Heart Disease	424.2	Tricuspid Insuf.	Pacer Check
785.9	Carotid Bruit	394.0	Mitral Stenosis	425.4	Cardiomyopathy	411.1	Unstable AP	ICD Check
		394.1	Mitral Valve Insufficiency	440.21	Atherosclerosis w/Claudication	444.21	Upper Extremity Occlusion	EKG
						V43.3	Valve Replacement	Blood Pressure Check
						454	Varicose Veins Lwr Ext Specify	ICG
						593.81	Vascular Disorder of Kidney, Renal Artery Thrombosis	Lipid Clinic
						459.81	Venous Insuff.	Cardiac Rehab
						453.8	Venous Thrombosis Upper Ext	Coumadin Clinic
						796.2	White Coat Hypertension	Education
						426.7	Wolff-Parkinson-White Disease	EECP
						V72.81	Pre Op Cardiovascular	Laser Venous
						V45.82	S/P Stent	Cholesterol Check
						V45.1	Renal Dialysis Status	HbA1c Check
						996.73	Complication of Renal Dialysis Device	

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NEW		ESTABLISHED		FEE
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93040	Rhythm Strip	
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93731	Pacemaker Evaluation & Report-Dou	
93735	Pacemaker Reprogram-Single	
93732	Pacemaker Reprogram-Double	
93741	ICD Single Eval & Report	
93742	ICD Single Reprogram	
93743	ICD Dual Eval & Report	
93744	ICD Dual Reprogram	
93727	Elec. Analysis Implantable Loop Records	
J0280	Aminophylline	
90659	Flu Shot	
G0008	Administration Influenza	
93270	Hook up Loop Monitor	
93272	Interp Loop Monitor	
93014	Interp Non Loop Monitor	
G0001	Venipuncture	
85610	Protime	
J1940	IV Lasix 20mg	
J3420	B-12 Injection	
J0460	Atropine	

✓	CODE	NONINVASIVE PROCEDURES	FEE
	90782	Therapeutic Injection	
	78481	Rest RNA/First Pass	
	93015	Exercise Stress Test	
	78478	Myocardial Perfusion	
	78465	Tomographic Spect Multiple	
	78480	Perfusion Study w/Elec Frac	
	A9500x2	Cardiolite per dose	
	J1245	Persantine	
	J1250x1	Dobutamine	
	J0151	Adenosine	
	W4132X1	MUGA	
	78472	MUGA	
	93307	Echocardiogram 2D & M Mode	
	93320	Cardiac Doppler	
	93233	Holter Physician Review & Int.	
	93321	Cardiac Doppler Limited	
	93325	Cardiac Doppler Color Flow	
	93350	Echo w/Exercise (93016)	
	93308	Echo Limited	
	93701	Bio-Z 1 or 2	
	93880	Carotid Imaging, Real Time	
	93922	Lwr Art BP-ABI	
	93923	Up/Lwr Art BP PVR/Rest	
	93924	Up/Lwr Art BP PVR/Exercise	
	93925	Lower Arterial Imaging	
	93926	Limited Arterial Imaging	
	93930	Upper Arterial Imaging	
	93965	Lower Ext Venous CW, PPG	
	93970	Lower Venous Imaging	
	93971	Upper Venous Imaging	
	93975	Renal Duplex	
	93978	Aorta-Iliac Ultrasound	
	93784	24° BP Monitor	
	J7051	Saline Flush	
	36415	Fingerstick/Venipuncture	
	84460	Lipid Profile	
	83036	HbA1c	

PATIENT INFORMATION

~~[illegible]~~ 93280

~~[illegible]~~
~~SEND Records~~

Changed M.V.
Would like to see
in 1 mo. ~~[illegible]~~

Medications	Date	Size Co	Frequen
1. TRICOR	121901	160MG	1QD
2. TRIAM/HCTZ	121901	37.5/25	QD
3. PRILOSEC	121901	20MG	QD
4. RELAFEN	121901	500MG	QD
5. AMBIEN	121901	10MG	QHS
6. ASA	121901	325MG	QD
7. SLO MAG	092002	64 MG	QD
8. TESTOSTERONE	040303		1MG
9. KCL	040303	99MG	
10. ZINC	040303	50MG	

DATE TIME PATIENT J.S. [redacted] REASON
07/14/10 11.45 PC/REPROGRAM/302/3INS

PRIOR BALANCE PAT 0.00 277.55

TICKET NO. DR.# DOCTOR LOCATION D.O.B.
336194 720 PACER/AICD HVCB BRADENTON OFFIC [redacted]

TODAY'S CHARGE 120.00

PATIENT NO. RESPONSIBLE PARTY PH# REFERRING DR.
285731 [redacted] [redacted] KOSFELD MD

ADJUSTMENTS

SEX M F X ADDRESS [redacted] CITY/STATE [redacted] ZIP CODE [redacted]

OVER 90	OVER 60	OVER 30	CURRENT	TOTAL DUE	PT	SC	CS	PAY CHOICE	TODAY'S PAYMENT
0.00	0.00	80.55	197.00	277.55		6	4	0	

ECAP

INSURANCE COMPANY	BA	SCT	POLICY I.D.	RELATIONSHIP TO INSURED
MEDICARE PART B		Y	I [redacted]	SELF SPOUSE CHILD OTHER
BCBS OUT OF STATE		Y	I [redacted]	

SSN # [redacted]

BALANCE DUE

I hereby authorize my insurance benefits to be paid directly to the abov physician, realizing I am responsible to pay non-covered services an authorize the release of pertinent medical information to insurance c

Patient Signature

CPT	Procedure	Frequency	Base CPT Reimbursement
Pacemaker			
93288	Interrogation device evaluation (in person) with physician analysis, review and report, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system.	93734 93731	$43
single 93279	Programming device evaluation with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with physician analysis, review and report; single lead pacemaker system.	93735 single pacer reprogramming	$56
dual 93280	Programming device evaluation with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with physician analysis, review and report; dual lead pacemaker system.	93732 dual pacer reprogramming	$66
Bi-V 93281	Programming device evaluation with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with physician analysis, review and report; multiple lead pacemaker system.	Bi V pacer reprogramming	$77
Implantable Cardioverter Defibrillator (ICD)			
93289	Interrogation device evaluation (in person) with physician analysis, review and report, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead implantable cardioverter-defibrillator system, including analysis of heart rhythm derived data elements.	93741 93743	$66
single 93282	Programming device evaluation with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with physician analysis, review and report; single lead implantable cardioverter-defibrillator system.	93742 single	$71
dual 93283	Programming device evaluation with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with physician analysis, review and report; dual lead implantable cardioverter-defibrillator system.	93744 dual	$87
Bi-V 93284	Programming device evaluation with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with physician analysis, review and report; multiple lead implantable cardioverter-defibrillator system.	Bi V	$102
Implantable Loop Recorder (ILR)			
93291	Interrogation device evaluation (in person) with physician analysis, review and report, includes connection, recording and disconnection per patient encounter; implantable loop recorder system, including heart rhythm derived data analysis.		$41
93285	Programming device evaluation with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with physician analysis, review and report; implantable loop recorder system.		$48
Implantable Cardiovascular Monitor (ICM)			
93290	Interrogation device evaluation (in person) with physician analysis, review and report, includes connection, recording and disconnection per patient encounter; implantable cardiovascular monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors.		$32

93279
93280
93282
93283

See important notes on the uses and limitations of this information on page 4.

Laminotomy 93295

EXHIBIT 10

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

Dwight Reynolds, MD, FHRS
President
Heart Rhythm Society

JAN 23 2007

7500 Security Boulevard
Baltimore, MD 21244-1850

Dear Dr. Reynolds:

This is in response to your request on behalf of the Heart Rhythm Society (HRS) for a reassessment of the physician supervision requirements for seven non-invasive heart rhythm codes (CPT codes 93731, 93734, 93741-93745). You believe that the physician supervision requirement for the technical component of these services should be changed from direct to general supervision.

We have reviewed the codes and the justification for your request with our medical staff. Based on our review, we believe that the current direct supervision requirement should be retained. The work and practice expense values for these heart rhythm codes comprise physician involvement, stimulation, and assessment. In addition, CPT codes 93742 and 93744 include equipment reprogramming and CPT code 93745 necessitates initial set-up and programming by a physician.

You also note that the 2006 Physician Fee Schedule states that the physician supervision requirements "do not apply" to either the global service or the professional component for the cited codes. According to your interpretation of this denotation, no physician supervision requirements exist for the professional component or for the global service which is comprised of the technical and professional components. On this basis, therefore, HRS contends a change in the physician supervision level from direct to general for the technical component is warranted. This contention is not consistent with the way in which CMS defines the term "concept does not apply" physician supervision level. We use this term in circumstances where the physician rather than any supervising staff would be personally performing the interpretation. Therefore, physician supervision is not relevant and we designate the supervision level for the professional components as "does not apply". Likewise, the global also has a supervision level of "does not apply" since the physician would personally be conducting a portion or component of the service (i.e., the professional component portion).

We regret that we can not provide a more favorable response. We are, therefore, maintaining our current physician supervision levels for the specified codes.

Sincerely,

Terrence L. Kay, Deputy Director
Hospital and Ambulatory Policy Group
Center for Medicare Management

EXHIBIT 11

[redacted]

HEALTHCARE AMERICA MEDICAL GROUP, INC. F# [redacted]

3501 Cortez Road Bradenton,FL 34210 Telephone:(941)752-2700 TAX ID# 65-0527738

Enrique Rivera M.D. Susan L. Gaida A.R.N.P.

REMARKS: _____ SIGNATURE: _____ DATE: 10/22/09

D.M.

ACCT#: [redacted] Patient Name: [redacted] DOB: [redacted]

PRIMARY INS:BCBS PPC PAT BALANCE: .00

CASH__ CHECK__ CHARGE__ TDAYS Balance: _____

New Patient

Brief I	99201
Limited II	99202
Intermediate III	99203
Extended IV	99204
Comprehensive V	99205
Post Op Visit	99024
Prolonged Services	99354
Prolonged (Add 30 min)	99355

Established

Level I	99211
Level II	99212
Level III	99213
Level IV	99214
Level V	99215
Prolonged Services	99354
Prolonged (Add 30 min)	99355

Consultation

Level I	99241
Level II	99242
Level III	99243
Level IV	99244
Level V	99245

Clinical Procedures

EKG w/ Report	93000
Rhythm Strip	93040
IV Lasix 20mg / 40mg / 80mg	J1940
Intravenous push / substance/ drug	90774
BNCP	G0168
Prothrombin Time	85610
Finger Stick	36416

Pacemaker / AICD

ILR Check w/Reprogram	93285
ILR Check	93291
ILR Check Remote or Tele	93298
Pacer Ck Multi-lead w/Reprogram	93281
ICD Ck Multi-lead w/ Reprogram	93284
Pacer Check	93288
ICD Check	93289
Pacer Check Remote/Tele	93294 / 93296
ICD Check Remote/ Tele	93295 / 93297
Pacer Reprogram / Dual	93280
ICD Check Dual w/ Re-Program	93283
Pacer Check Single w/ Re-program	93279
ICD Check Single w/ Re-Program	93282

VNUS Closure Procedure

Endovenous Ablation Therapy	36475
2nd & Subsequent Vein	36476
Surgical Supply, Misc.	A4648

Sclerotherapy Treatment

Sclerotherapy Inj. Single/Mult vein (Spider)	36468
Sclerotherapy Inj. Single Vein	36470
Sclerotherapy Inj. Mult. Vein Same Leg	36471

Event Monitors

Hook up	93270
Professional Reading	93272
Technical	93271

EXHIBIT 12

Abnormal EKG	794.31	DVT Femoral Vein	451.11	Atrial Septal Defect	745.5
Abnormal Function Study	794.8	DVT Pop. Tibial	451.19	Chronic Pulm Heart Dis	416.9
Acute Myocardial Inf Wall	410	Heart Murmur	785.2	Shortness Of Breath	786.05
Angina Pectoris	413.9	Hypertension	401.9	Sinoatrial Node Dysf SSS	427.81
Aortic Stenosis Rheumatic	395	Hypotension	458.9	S/P CABG / Bypass	V45.81
Aortic Valve Insufficiency	395.1	Hypercholesterolemia	272.0	Superficial Vein Thrombophleb	451.0
Aortic Valve Disorder Non-Rheu	424.1	Hyperlipidemia	272.4	Syncope	780.2
Aortic Valve Disorder	424.1	Mitral / Aortic Valve Dis	396.9	Tachycardia, Prox Supra Vent	427.0
Arrythmia / Cardiac Dysrhythmia	427.9	Mitral Stenosis	394.0	Tachycardia, Vent. Proxysmal	427.1
Atherosci. Lwr Ext Art	440.8	Mitral Valve Insufficiency	394.1	Transient Cerebral Ischemia	435.9
Atrial Fibrillation	427.31	Mitral Valve Disorder	424.0	Tricuspid Insuf	424.2
Atrial Flutter	427.32	Old MI	412	Upper Ext Occlusion	444.21
Atrioventricular Block-Complete	426	Other Malaise + Fatigue	780.79	Valve Replacement	V43.3
Bradycardia	427.89	Palpitations	785.1	Varicose Vein Lwr Ext	454
2 AV BLK I	426.13	Peripheral Vascular Dis	443.9	Venous Insuff.	459.81
2 AV BLK II	426.12	Pseudoaneurysm - LE	442.3	Complication of Renal Dialysis Dev	996.73
Carotid Bruit	785.9	CHF Unspec.	428.0	Renal Failure	585.9
Carotid Occlusion	433.1	Unspec Comb Sys/Dias HF	428.40	Renal Insufficiency	593.9
Cerebrovascular Disease	433.11	Pulmonary Embolism	415.19	Chronic Venous Insuff.	459.81
Chest Pain	786.5	Rheumatic Heart Disease	398.90	Venous Leg Pain	729.5
Congested Heart Failure	428	Ischemic Heart Disease	414.8	Swelling in the limb	729.81
COPD	496	Cardiomyopathy	425.4	Symptomatic Varicose Leg Veins	454.1
CAD, unsp	414	Atherosclerosis w/ Claud	440.21	Heart Valve Replacement	V43.3
DM - Insulin Dependent	250.01	Pain - Lower Ext.	729.5	Thrombophlebitis	451.9
Dizziness	780.4	Renal Artery Stenosis	593.81	Circulating Anticoagulant Disorder	286.5
DM - Adult Onset	250	Edema - Lower Ext.	729.81	Cerebral Atherosclerosis	437.0

Other Diagnosis: _____

JS 44 (Rev. 12/07)

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON THE REVERSE OF THE FORM.)

I. (a) PLAINTIFFS

United States of America ex rel. John Burns

(b) County of Residence of First Listed Plaintiff Hillsborough
(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorney's (Firm Name, Address, and Telephone Number)

Kevin J. Darken, Cohen, Foster & Romine, P.A. 201 E, Kennedy Blvd., Ste. 1000, Tampa, FL 33602

DEFENDANTS

Medtronic, Inc., Boston Scientific Corp., and St. Jude Medical, Inc.

County of Residence of First Listed Defendant
(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE LAND INVOLVED.

Attorneys (If Known)

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- ☐ 1 U.S. Government Plaintiff
- ☒ 3 Federal Question (U.S. Government Not a Party)
- ☐ 2 U.S. Government Defendant
- ☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)
(For Diversity Cases Only)

	PTF	DEF		PTF	DEF
Citizen of This State	☐ 1	☐ 1	Incorporated *or* Principal Place of Business In This State	☐ 4	☐ 4
Citizen of Another State	☐ 2	☐ 2	Incorporated *and* Principal Place of Business In Another State	☐ 5	☐ 5
Citizen or Subject of a Foreign Country	☐ 3	☐ 3	Foreign Nation	☐ 6	☐ 6

FILED 10 AUG 18 PM 3:19 CLERK, U.S. DIST. CT. MIDDLE DIST. OF FLORIDA TAMPA, FLORIDA

IV. NATURE OF SUIT (Place an "X" in One Box Only)

CONTRACT	TORTS		FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
☐ 110 Insurance	PERSONAL INJURY	PERSONAL INJURY	☐ 610 Agriculture	☐ 422 Appeal 28 USC 158	☐ 400 State Reapportionment
☐ 120 Marine	☐ 310 Airplane	☐ 362 Personal Injury - Med. Malpractice	☐ 620 Other Food & Drug	☐ 423 Withdrawal 28 USC 157	☐ 410 Antitrust
☐ 130 Miller Act	☐ 315 Airplane Product Liability	☐ 365 Personal Injury - Product Liability	☐ 625 Drug Related Seizure of Property 21 USC 881	PROPERTY RIGHTS	☐ 430 Banks and Banking
☐ 140 Negotiable Instrument	☐ 320 Assault, Libel & Slander	☐ 368 Asbestos Personal Injury Product Liability	☐ 630 Liquor Laws	☐ 820 Copyrights	☐ 450 Commerce
☐ 150 Recovery of Overpayment & Enforcement of Judgment	☐ 330 Federal Employers' Liability	PERSONAL PROPERTY	☐ 640 R.R. & Truck	☐ 830 Patent	☐ 460 Deportation
☐ 151 Medicare Act	☐ 340 Marine	☐ 370 Other Fraud	☐ 650 Airline Regs.	☐ 840 Trademark	☐ 470 Racketeer Influenced and Corrupt Organizations
☐ 152 Recovery of Defaulted Student Loans (Excl. Veterans)	☐ 345 Marine Product Liability	☐ 371 Truth in Lending	☐ 660 Occupational Safety/Health	SOCIAL SECURITY	☐ 480 Consumer Credit
☐ 153 Recovery of Overpayment of Veteran's Benefits	☐ 350 Motor Vehicle	☐ 380 Other Personal Property Damage	☒ 690 Other	☐ 861 HIA (1395ff)	☐ 490 Cable/Sat TV
☐ 160 Stockholders' Suits	☐ 355 Motor Vehicle Product Liability	☐ 385 Property Damage Product Liability	LABOR	☐ 862 Black Lung (923)	☐ 810 Selective Service
☐ 190 Other Contract	☐ 360 Other Personal Injury		☐ 710 Fair Labor Standards Act	☐ 863 DIWC/DIWW (405(g))	☐ 850 Securities/Commodities/ Exchange
☐ 195 Contract Product Liability			☐ 720 Labor/Mgmt. Relations	☐ 864 SSID Title XVI	☐ 875 Customer Challenge 12 USC 3410
☐ 196 Franchise			☐ 730 Labor/Mgmt.Reporting & Disclosure Act	☐ 865 RSI (405(g))	☐ 890 Other Statutory Actions
REAL PROPERTY	CIVIL RIGHTS	PRISONER PETITIONS	☐ 740 Railway Labor Act	FEDERAL TAX SUITS	☐ 891 Agricultural Acts
☐ 210 Land Condemnation	☐ 441 Voting	☐ 510 Motions to Vacate Sentence	☐ 790 Other Labor Litigation	☐ 870 Taxes (U.S. Plaintiff or Defendant)	☐ 892 Economic Stabilization Act
☐ 220 Foreclosure	☐ 442 Employment	Habeas Corpus:	☐ 791 Empl. Ret. Inc. Security Act	☐ 871 IRS—Third Party 26 USC 7609	☐ 893 Environmental Matters
☐ 230 Rent Lease & Ejectment	☐ 443 Housing/ Accommodations	☐ 530 General	IMMIGRATION		☐ 894 Energy Allocation Act
☐ 240 Torts to Land	☐ 444 Welfare	☐ 535 Death Penalty	☐ 462 Naturalization Application		☐ 895 Freedom of Information Act
☐ 245 Tort Product Liability	☐ 445 Amer. w/Disabilities - Employment	☐ 540 Mandamus & Other	☐ 463 Habeas Corpus - Alien Detainee		☐ 900Appeal of Fee Determination Under Equal Access to Justice
☐ 290 All Other Real Property	☐ 446 Amer. w/Disabilities - Other	☐ 550 Civil Rights	☐ 465 Other Immigration Actions		☐ 950 Constitutionality of State Statutes
	☐ 440 Other Civil Rights	☐ 555 Prison Condition			

V. ORIGIN (Place an "X" in One Box Only)

☒ 1 Original Proceeding ☐ 2 Removed from State Court ☐ 3 Remanded from Appellate Court ☐ 4 Reinstated or Reopened ☐ 5 Transferred from another district (specify) ☐ 6 Multidistrict Litigation ☐ 7 Appeal to District Judge from Magistrate Judgment

VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing **(Do not cite jurisdictional statutes unless diversity):**
31 U.S.C. §3729 ex seq.

Brief description of cause:
False Claims Act qui tam action

VII. REQUESTED IN COMPLAINT: ☐ CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23 **DEMAND $** CHECK YES only if demanded in complaint: **JURY DEMAND:** ☒ Yes ☐ No

VIII. RELATED CASE(S) IF ANY (See instructions): JUDGE _____ DOCKET NUMBER _____

DATE 8-18-10

SIGNATURE OF ATTORNEY OF RECORD Kevin J. Darken

FOR OFFICE USE ONLY

RECEIPT # _____ AMOUNT _____ APPLYING IFP _____ JUDGE _____ MAG. JUDGE _____